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N. S. DAVIS, M.D., EDITOR.

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ARTICLE XVI.

PUBLIC ADDRESS TO THE MEMBERS OF THE ILLINOIS STATE MEDICAL SOCIETY AND THE CITIZENS OF BLOOMINGTON, ON THE NATURE OF MEDICAL SCIENCE AND ITS RELATIONS TO THE COMMUNITY. DELIVERED MAY 2D, 1865.

BY N. S. DAVIS, M.D., Chicago, Illinois.

PROFESSIONAL BRETHREN AND FELLOW-CITIZENS:

In compliance with a special request from the McLean Co. Medical Society, I rise to address you on the present occasion. To select a subject for discussion which shall be interesting and profitable, both to the profession and the community, is not an easy task. The true nature of medical science, and its relations to the welfare of civilized communities, is perhaps less understood than that of any other important department of human study. Many seem to regard it as little more than a collection of theoretical dogmas, in regard to the nature of diseases and the mode by which medicinal agents can effect a cure. Hence they often speak of *systems* of medical practice, such as the Botanic, Eclectric, Hydropathic, Homœopathic, Allopathic, &c.; thereby clearly indicating their belief in the idea that all diseases are governed by some one law or hypothetical rule; and that all remedies are to act in accordance with some corres-

pondingly general principle. Many more seem to regard all medical knowledge as a kind of intuitive mystery, capable of being acquired and understood by certain individuals, without any regard to their previous mental discipline or acquirements.

The first of these classes are easily captivated by every new theory, whether it be the simple imaginary law that "like cures like;" or the absurd reversal of all the laws of nature embodied in the *Hahnemannic* proposition that the potency of medicinal agents is increased in proportion to their dilution and attenuation. While the second are quite as likely to look with awe on the mountebank performances of the bold charlatan who claims to cure disease by a touch or a word; or to place implicit confidence in the pretensions of any ignorant man or woman who claims to cure diseases of every kind by some specific, professedly obtained from Indians, or other equally ignorant sources.

Comparatively few clearly appreciate the fact, that true medical science consists in such an extension and development of the various branches of the natural sciences, as will embrace a knowledge of the morbid or diseased conditions of living beings in addition to the healthy; and also a knowledge of the various agents capable of influencing such morbid conditions. Thus practical medicine; the art of curing or mitigating diseases; which constitutes the chief employment of the physician, rests directly upon pathology and materia medica. The first embodying a knowledge of the nature of diseases, and the second, of the particular means for their treatment.

But pathology is, itself, developed directly from an extension and combination of the facts derived from the well-known departments of natural science termed anatomy, physiology, organic and animal chemistry, and natural history; while the materia medica is equally the offspring of botany, chemistry, minerology, and natural philosophy. The art or practice of surgery is founded, if possible, still more directly upon the facts and principles of anatomy, physiology, and mechanics. Indeed, there is not a single department of natural science or philosophy that does not contribute to, or constitute a part of, medical science. Disease, instead of being a mysterious something—an

intangible essence or spirit of evil, introduced into the human system through some channel, and capable of moving from one organ to another, is simply an alteration, either in the composition or action of some part of the solids or fluids of the body. Instead of being uniform in its character, capable of being treated by some specific remedy, or in accordance with some one theoretical law of cure, it is as variable in its symptoms, tendencies, and results, as are the atmospheric, hygienic, and mental influences that surround man in civilized life. And hence, a knowledge of the nature and influences of climate, topography, season of the year, diet, drinks, and mental habits, are as essental to the enlightened physician as a knowledge of anatomy or physiology. The science and art of medicine may be defined, therefore, to be the application of the facts and principles embodied in the various departments of natural, economical, and metaphysical sciences to the elucidation, prevention, and cure of diseases.

It is, in fact, the highest development of science applied to the noblest of temporal objects, namely, the prevention and alleviation of human suffering, and the prolonging of human life. Hence, in all ages of the world, the most eminent and successful cultivators of science have been educated members of the medical profession. If such is the nature, extent, and objects of medical science, it is hardly necessary to add, that its successful study and practical application require a mind naturally capacious, evenly developed, and thoroughly disciplined by systematic exercise.

Founded, as it is, on the various departments of the physical sciences, the principles and practice of medicine derives improvements and progress from every advancement made in those departments of human knowledge. Thus the advancements in analytical and organic chemistry; the greater perfection and more extended application of the microscope, and other philosophical means of investigation, have added immensely to the domains of medical science, during the last thirty years. By combining the aid of the knife of the anatomist; the test glass and crucible of the chemist; and the magnifying glasses of the

microscopist, with the experiments of the physiologist; the relations, composition, properties, and atomic organization of every part of the human system has been fully brought to light. The same means of investigation are also directed to the examination of all the physical circumstances, whether atmospheric, terrestrial, dietetic, or social, that surround man as a social being, and which may exert an influence on his health and life. Hence the science and art of medicine has not only received great additions to its facts and appliances for the relief of human suffering, during the last half century, but it is still advancing *puri passu*, with the progress of all other departments of the natural and physical sciences. Those who cavil at our profession, often allude to the many changes in medical theories and opinions as evidence of the instability and worthlessness of our science. As well might they cavil at astronomy because the number of stars and the rules of mathematical calculations which it embraces to-day, do not correspond with those known to Copernicus in the sixteenth century; or at chemistry because the extensive works of a Lavoisieur, a Davy, a Liebig, a Henry, and a Draper, of the present century, could hardly be recognised as belonging to the same department of human learning as the vague doctrines of alchemy once taught in the renowned school of Arabia.

So long as man continues to inhabit the earth, with his living sensitive organization, exposed to the ever changing physical and mental influences that surround him in the various relations of life; and our knowledge of the nature, composition, and mode of action of these influences is capable of extension; so long will the science of medicine continue its onward progress. The truly scientific and rational physician is, in the highest sense, a student of nature. He takes the living human body, combining in its organization every principle of mechanics; every form of structure; and every manifestation of function to be found in the whole series of inferior animal organizations; and, as an anatomist, he separtes its bones, ligaments, muscles, nerves, bloodvessels, &c., noting carefully the exact relation each bears to the other; as a physiologist, he studies particularly the func-

tion or office that each part performs, and the influence it exerts on all the other parts; as a chemist, he analyzes the solids and fluids, ascertaining the ingredients of which each part is composed, and, of course, the materials necessary for its nutrition and growth; as a naturalist, he learns the laws of its development by watching the order of its growth, from the primary germ to the complex perfection of maturity, and compares each successive stage of development with the growth of corresponding parts in other species of animals, to render a knowledge of its functions more complete; as a geologist, meterologist, social and political economist, he studies the effects of soil, climate, atmospheric changes, seasons, diet, drinks, social and municipal conditions, on each and all of its several structures and functions. He thus, not only learns the laws and conditions of its life and health, but also, that in all these combined, ever acting, and yet ever varying influences, the effects of some will be exaggerated while others are deficient, thereby destroying the equilibrium or healthy standard of action in some one or more of the organs of the body. And this will constitute disease. Studying this, he soon finds that, so far from being a uniform process or morbid condition, it may be one of excitement, depression, or perversion, according to the nature and intensity of the cause, compared with the temperament of the individual patient. Thus, by the same careful examination; the same modes of study; and the same inductive reasoning, as is pursued in the cultivation of any other science, the physician gains a reliable knowledge of the causes, symptoms, and nature of diseases. He follows no more theoretical dogma, but recognizes his patient as a living, delicate, sensitive organization, constantly surrounded and acted upon by a great variety of physical and mental influences, each capable of producing its own morbid impression. Having fully appreciated, not only the existence and phenomena of diseases, but also the almost endless variety of forms and tendencies they exhibit, he next ransacks the whole fields of chemistry, botany, mineralogy, and natural history for materials capable of allaying vital action when excited; of stimulating it when enfeebled; of correcting

it when perverted, that he may become the intelligent and efficient helper and guide of nature in regaining the natural standard of action, or what we call health.

Here may be clearly seen one of the broad distinctions between true medical science and the various *pathys* or so-called special systems of medicine. The first is emphatically a study of nature, mutually receiving and imparting facts with every other department of science, and, consequently, ever advancing; while the second are simply so many arbitrary human dicta, incapable of either expansion or improvement. It matters not whether they assume the form of the obsolete Thompsonian axiom, that "heat is life, and cold is death;" or the Botanic maxim, that "vegetables growing upward tend to life, and minerals downward tend to death;" or the present more popular, but equally fallacious, expression of the Homœopath, "*similia similibus curantur;*" they are alike Procrustean beds, to which their disciples are ever vainly striving to make all the facts in nature and philosophy fit. My leading object in thus calling your attention to the true nature of medical science, is to make more apparent the relations it bears to the various important interests of civilized society. Many, I might say the vast majority of mankind, regard medical science and art as having no other object than the direct treatment of the sick. But this, though an object of great and almost sacred importance, is not the only one that should challenge the attention and enlist the cordial coöperation of every enlightened community. To cure disease, and thereby alleviate human suffering and prolong human life, is, indeed, a beneficent—a noble work. But to *prevent* both disease and suffering is more beneficent, as well as far more desirable. I do not exaggerate in saying that the latter is as legitimate a part of the objects of those engaged in the study and practice of medicine as the former. From the very nature of their studies they become familiar with the causes of disease, the modes by which they are developed, the laws governing their diffusion, and the means for preventing or neutralizing them; and, from an early period in the history of medicine, the knowledge thus acquired has been aggregated

under the head of hygiene or sanitary science, and made more or less subservient to the welfare of man. How many are there, in this or any other community, who realize the actual extent to which they are enjoying benefits derived from this department of medical knowledge? To whom is the civilized world indebted for the knowledge which has led to the widening, cleaning, and sewering of the streets of all the densely populated cities; by which the ratio of mortality has been reduced twenty-five, and, in some instances, fifty per cent? To whom is it indebted for improvements in the construction, warming, and ventilation of public and private buildings, workhouses for the poor, hospitals for the sick, asylums for the insane, and prisons for the criminal? To whom is it indebted for a knowledge of the laws governing the development and spread of contagions and infections, on which are founded all enlightened quarantine and police regulations for protection against the spread of severe and fatal diseases? To whom is it indebted for that knowledge which has led to such improvements in the preparation, preservation, and transportation of food as has banished that former scourge of the ocean, *scurvy*, from every well-regulated ship; and greatly facilitated the movements, efficiency, and comfort of armies, whether on the land or the sea? To whom is it indebted for the means of securing almost every man, woman, and child against an attack of that most dreaded of all diseases, the small-pox? For all these, and much more, the world is indebted, almost exclusively, to the cultivators of medical science; to that profession whose true votaries may be seen at midnight, as well as at noonday, not only climbing the hills, traversing the lonely prairies, and fording the streams, to administer relief to the sick, whether in the mansion of the rich or the hovel of the poor, but also in the laboratory of the chemist; the alleys, cellars, and garrets teeming with filth and infection, the very chambers of pestilence; and even the charnel-house of the dead, quietly seeking out and giving to the world that knowledge which will aid in preventing as well as curing disease.

If any of my hearers are skeptical in regard to the benefits

that have been conferred on the human race, in the prevention of disease, by that department of medical knowledge termed hygiene and sanitary science, let them compare the London of to-day with the London of the sixteenth century. Let them compare the ravages of the plague and small-pox in the sixteenth, with the effects of the same, or any other diseases, in the nineteenth century. Let them compare the mortality and suffering from scorbutic diseases on the sea, during the former with the latter period of time. Let them compare the modern asylum, or hospital for the insane, with the dungeons and prisons in which this unfortunate portion of our race were literally chained, until death relieved them of their suffering. It would set at nought the skill of the mathematician to estimate either the number of lives saved, or the amount of human suffering prevented, by the influences to which we have briefly glanced, during the last half century alone. And, yet, the knowledge actually furnished by the profession has been so imperfectly applied, both by individuals and by municipal authorities, that the beneficial results are scarcely half developed. Neither the sanitary police, nor the systems of sewerage, in the cities and densely populated districts, are what science and the happiness of the people require. In the construction of dwellings, and the physical training of children, the most important and well-known laws of health are violated daily and almost universally. It has been demonstrated that a certain number of cubic feet of atmospheric air is necessary for the maintenance of a healthy state of a single individual for a given number of hours. Yet, in the construction of dwellings, and especially of lodging-rooms, this fact is often overlooked. Not only in our cities, but all over these broad prairies, you may find in the low, garret-like chambers, bedrooms partitioned off so small, and so little ventilated, as to be incapable of supplying one-half of the air required by those sleeping in them, in order to promote full, vigorous health. Is it surprising that the inmates rise in the morning with feelings of languor, debility, mental dulness, and loss of appetite, instead of freshness and vigor? With their nervous functions depressed, and the blood impure from insuf-

ficient air, is it strange that they should frequently fall victims to typhoid and lung fevers in winter, or enteric fever and dysentery in summer? It is one of the most important and familiar facts in physiology, that the tissues of the human system can be increased in size, strength, and health, by judicious exercise, and impaired by the neglect of it; thus furnishing every parent and teacher with a reliable rule by which he may so guide the mental and physical training of children as to develope and strengthen the faculties that are small and weak, and retard the growth of those already in excess, and thereby establish that just equilibrium of development at maturity which is most conducive to health, long life, usefulness, and happiness. Yet, how often do we see the rule either entirely neglected, or its practical application reversed, both in the family and in the school; thereby keeping the community full of ill-balanced minds and unequally developed bodies, with an inexpressible amount of moral, intellectual, and physical suffering as the result. Again, medical science has long since furnished a clear distinction between food, or such substances, whether solid, fluid, or gaseous, as are capable of nourishing the various structures of the human body; and medicines or poisons which, though capable of producing certain effects on the functions of the system, are wholly incapable of nourishing, or becoming a healthy part of its structures. It has demonstrated the first to be essential as a daily supply to every individual in health; while the latter, though of great value in skilful hands, as agents for correcting morbid or diseased conditions, are necessarily disturbing and injurious if taken in a condition already normal and healthy. And yet large numbers in almost every community continue to use certain articles of this class habitually, and without any regard to sickness or health. I here refer more directly to the use of alcoholic drinks and tobacco. I am aware that large portions of the community, and even some members of the medical profession, regard these powerful agents as food, at least in a qualified sense; or, as one recent writer has styled them, "*accessory* food." But their position is neither sustained by facts nor sound reasoning. By the enlightened,

it is not claimed that either alcohol or tobacco can furnish the slightest material for actual assimilation and natural addition to the tissues; but it is claimed that their presence in the system retards those changes by which the organic atoms, already constituting a part of the tissues, are disintegrated and removed. In other words, they retard the waste of the different structures, and thereby render the supply of ordinary food less necessary—thus, indirectly, supplying the place of actual food. This reasoning is plausible, and well calculated to deceive those who have only a superficial knowledge of the phenomena of life and organization. If the atoms composing the delicate structures of the physical man had been designed by the great Architect of nature to remain stationary or permanent, from day to day, then an atom *retained* would, indeed, be equivalent to an atom *supplied*. But, instead of this, it is found that constant change is not only the normal condition of every cell and fibre of our physical structures, but that every movement or phenomenon of life is the result of change. The evolution of caloric to supply warmth; the elimination of secretions, whereby the blood is kept pure; the digestion and assimilation of food; the circulation of fluids, and the contraction of muscles, are dependent on, and accompanied by, atomic changes in the tissues. Indeed, atomic change may be regarded as the law of life, as inexorably as stassis is that of death. When the atomic changes in the tissues take place with a certain degree of rapidity, all the resulting and accompanying phenomena and functions of life are natural, and health exists. If, in this condition, any agent, whether whiskey, tobacco, or anything else, capable of retarding those changes is introduced into the system, nothing is more logically certain than that the healthy equilibrium of action will be interfered with, and an unnatural or morbid state of the system induced. Hence the idea that retarding the atomic or cellular changes in the tissues is equivalent to a supply of new atoms or cells from the assimilative processes, is simply a most mischievous fallacy. There is, however, another broad distinction between real food and mere exhilarants and narcotics. The first always satiates or imparts

the feeling of enough, while each dose of the latter only sharpens the appetite for more. Thus, the man who has eaten bread daily, is as easily and perfectly satisfied with a given quantity of it at the age of sixty as he was when weaned from his mother's breast; and so of every other article of food, whether solid, liquid, or gaseous. But who, after habitually using alcoholic drinks, or tobacco, even for a few months, was ever satiated with either? But it is no part of my present purpose to enter upon a discussion of the evil effects of either alcohol or tobacco. They are everywhere so apparent that, literally, "he who runs may read them." I simply wished to vindicate medical science from the responsibility of even an indirect endorsement of their use.

In the foregoing rapid and imperfect review of the nature, objects, and relations of medical science, it is made apparent to all, that such science, instead of being restricted in its objects to the alleviation and cure of disease, is most intimately interwoven with the social, the educational, economical, and sanitary interests of the whole civilized world. And here again comes a broad distinction between true medical science and the various special systems to which we have once before alluded. The latter are not only "Procrustean beds," to which their supporters are trying to made all the phenomena of disease fit; but they are fixed dogmas totally incapable of conducting their disciples one iota beyond the narrow sphere of treating disease itself in a specific direction. Suppose we take the so-called, fundamental principle of homœopathy, that "like cures like," and apply it to the work of sanitary improvements. Would it suggest the removal of filth, foul air, and infection, by sewers, ventilation, and antidotes, or would it require of its disciples an attempt to correct one species of infection by establishing alongside of it a small quantity of another as near like it as possible? Indeed, who ever heard of a single attempt made to improve the physical and sanitary interests of society, by the followers of any one of the empirical systems of medicine, from the days of Paracelsus to that of Hahnemann? If, however, true medical science is but a more extended development of all the physical

sciences, and the application of the facts and principles they furnish, to the great work of preventing and alleviating human suffering, thereby bringing it into the most intimate and important relations to the welfare of the whole community, it necessarily follows that certain obligations concerning it, devolve upon the community at large. For instance, it is one of their highest duties to make liberal provision for the thorough mental development and education of all who wish to devote themselves to the arduous work of *our* profession. It is more especially and imperatively their duty, and that of their representatives in the Municipal and State Legislatures, to afford the profession every possible facility for increasing its knowledge of the nature, causes, and tendencies of disease. They should do this by legalizing the study of anatomy by dissections, under proper regulations; by providing for the more frequent and thorough performance of *post mortem* examinations; by providing for the thorough observation and record of all atmospheric and climatic changes in connection with the prevalence of epidemic and endemic diseases; and by the enactment and rigid enforcement of efficient laws for the registry of all births, marriages, and deaths. By such measures the profession would be enabled, within a very few years, to add greatly to the present stock of knowledge concerning the causes of all diseases, whether ordinary or extraordinary; and also, concerning the laws governing the development, diffusion, and destruction of such causes. This would immediately bring in return corresponding improvements in the sanitary welfare and happiness of all classes of people. And, in conclusion, we ask this enlightened audience, here, in the central part of this great central State of our glorious and inseparable Union, to interest yourselves, individually and collectively, in favor of carrying these measures into practical operation. Some of them, as the legalizing of dissections, and the registry of births, marriages, and deaths, have already been adopted by New York, and several of the New England States. But the remaining ones, which are of equal, and perhaps paramount importance, are still awaiting initial action. As the people of our own State have emphatically led the way in subduing

the recent gigantic and wicked rebellion, let them also, in future, equally take the advance in those enlightened and peaceful measures, that are so directly calculated to promote the dearest and most important interests of mankind.

It is not for the benefit of the profession that I represent, that these and kindred measures are asked. Their adoption would only impose on us additional labors,—but it is for the benefit of yourselves and of your posterity. On this evening, when the whole nation is draped in mourning, for the tragic and cruel death of its late Chief Magistrate, and his earthly remains are on their way to their last resting place, I cannot take my seat without expressing my full sympathy with the national grief. Whatever differences of opinion may have existed in regard to particular measures of governmental policy, the late President was regarded, by all considerate men, as a sincere patriot and lover of his country, and the time and manner of his death will be sincerely and lastingly lamented by every virtuous mind. But let us find consolation in the hope that unholy ambition, unbridled passion, and reckless treason have reached the climax of their wickedness and crimes, and that returning peace, if it cannot restore to life our precious dead, will at least restore to our country an indissoluble union of hearts as well as States, with the same bright old star spangled banner of freedom to forever float over us.

ARTICLE XVII.

ON DIURETICS IN THE TREATMENT OF MALARIOUS OR PERIODICAL FEVERS. Read to the Meeting of the Illinois State Medical Society, May 3, 1865.

By N. WRIGHT, M.D., Chatham, Ill.

In the able report on Practical Medicine, read before the Society at its last meeting, it was very properly stated that one of the ways in which Practical Medicine might be improved, was by the new application of old remedies, more or less

known; and, by blessing of nature, having been constituted an old fogy, "seeking for the old paths, and loving the old ways," I hope it will not be considered obtrusive in me to introduce one of my old friends and valued assistants.

The physician who has practiced for any considerable time in one of our alluvial districts, has met with numerous cases of malarious origin, in their various protean forms, that defiantly refuse to yield to the usual treatment with anti-periodics. We are often called upon, again and again, to treat the same patient for a return of the "chills and fever," as they term it, until the patient, if not the physician, loses all faith in quinine, the Sampson in malarious diseases, to accomplish a cure, and restore the patient to health. The unbelief of the patient often leads him to the alternative of wearing out the disease, rather than take the medicine which his experience has demonstrated to him only checks, or gives but temporary respite from the ague, without a cure of the disease. These cases of chronic malarial poisoning are so frequent that it seems almost supererogation to enumerate their appearances. The sallow, waxen-look of the countenance; the yellow look of the conjunctiva; the torpor of the intellectual faculties; the general anæmia, and dropsy-like appearance of the patient; the hepatic, gastric, and renal disturbances, all speak to the observing physician the tale of chronic malarial poisoning.

I do not here propose to enter into any discussion as to the exact nature of *the* poison—whether it be a certain gas or gaseous compound, as affirmed by some; or by certain electrical changes in the atmosphere, as believed by others; or by hosts of spores of cryptogamic fungi in circulation through the atmosphere, as is affirmed by another class of medical men—sufficient for me and my purpose at this time, is the admitted fact, that whatever the generic poison or *casus mali* may be, its first perceptible effects are upon the nervous system, and especially upon the organic or ganglionic nerves that preside over the secretive functions. No secretion escapes the influence of the poison—the hair, skin, kidneys, all feel the polluting touch. Their secretions are changed both in quantity and quality, and

as the blood is the material from which all the various secretions are eliminated, it must also be the *point d'appui* upon the hydra-headed monster, malarial poisoning. If the general appearance of this class of patients did not sufficiently indicate the changes wrought by the poison in the blood, the microscope reveals the fact of an abnormal preponderance of white, and a corresponding diminution of red corpuscles in the circulation of the blood itself. There is no doubt, in my mind, that the changed condition of the blood, and the consequent abnormal secretions, or rather almost entire suspension of secretions of all kinds, are the powerful agents, together with the original cause, which tend in a great measure to keep up a morbid action. To restore the various secretions to their normal condition, is, unquestionably, the first object to be attained in the treatment of this class of diseases. Small doses of mercury do much to remove the partial congestions, but this is not all that is required, the effete matter, unremoved from the blood, cannot so readily (if, indeed, they can be at all, which is very questionable in my mind) be removed by the liver as by the kidneys—the sewers of the blood. The carbonized matters are the especial province of the liver to remove from the blood, but there is still a large amount of nitrogenized, worn-out, broken-down, deleterious matter, that must be eliminated from the system before we can cure the patient. In this class of diseases, the urine is usually, if not always, much diminished in quantity and quality, and the solid matters in solution are more diminished than even the quantity. Three to four hundred grains of solids are the usual amounts deposited, while from six to seven hundred ought to be removed in the normal state. Now, if we can introduce some therapeutic agent that will enter the blood and capillary network of the body, and thus aid the metamorphosis and excretions from the blood of the unhealthy elements there contained, and remove them from the system, we are working in a rational and sure way to cure our patients. The agent that I would introduce is acetate of potash, freely diluted with water, about ℥j to the pint, two or three times a day. I have tried it repeatedly, and generally with success.

I would not dispense with quinine, to check the paroxysm, nor with some of the forms of mercury, to remove the partial congestion; but they do not remove the disease, nor its products in the changed various secretions. This is done by acetate of potash, through the secretion of the kidneys.

Having treated ague with mercurials, quinine, and tonics alone, five years, with not complete satisfaction to myself (to say nothing of my patients), permit me to say, that the success for the past two years, under this plan that I have so imperfectly given you the outlines of, has been such as to justify me in asking you to give it a fair trial under favorable circumstances.

Proceedings of Societies.

PROCEEDINGS OF THE ILLINOIS STATE MEDICAL SOCIETY FOR 1865.

The regular Annual Meeting of the Illinois State Medical Society assembled in Royce's Hall, Bloomington, May 2, 1865, at 10½ o'clock A.M. The President being absent, Dr. J. M. Steele, of Grandview, Vice-President, took the Chair.

Dr. T. F. Worrell, Chairman of the Committee of Arrangements, welcomed the members of the Society to the City of Bloomington, and the hospitalities of its citizens, in an eloquent manner.

The Committee also reported as present the following delegates and permanent members, viz.:—

Drs. N. S. Davis, J. H. Hollister, J. S. Jewell, and E. L. Holmes, of Chicago, Cook Co.

Drs. W. J. Ballard, H. C. Luce, Z. L. Hoover, C. R. Parks, T. F. Worrell, D. L. Crist, E. R. Roe, T. P. Rogers, of Bloomington, McLean Co.

Dr. T. D. Fisher, of Leroy, McLean Co.

Dr. H. Noble, of Heyworth, McLean Co.

Drs. J. H. Tyler, D. W. Edmiston, W. W. Adams, C. Goodbrake, of Clinton, DeWitt Co.

Dr. L. T. Hewins, of Loda, Iroquois Co.

Dr. A. L. McArthur, of Joliet, Will Co.

Dr. R. E. McVey, of Waverly, Morgan Co.

Drs. S. T. Trowbridge, S. McBride, and E. W. Moore, of Decatur, Macon Co.

Dr. F. B. Haller, of Vandalia, Fayette Co.

Dr. N. Wright, of Chatham, Sangamon Co.

Dr. J. M. Steele, of Grandview, Edgar Co.

Dr. J. W. Redden, of Shawneetown, Gallatin Co.

The election of new members being in order, the following were nominated and unanimously elected:—

Dr. D. T. Whitnell, of Vienna, Johnson Co.
" A. N. Lodge, of Marion, Vermilion Co.
" J. J. Samuels, do do.
" W. H. Veatch, of Pawnee, Sangamon Co.
" H. P. Merriman, of Chicago, Cook Co.
" J. E. Owens, do do.
" S. M. Mitchell, of Attilla, Williamson Co.
" R. T. Higgins, of Vandalia, Fayette Co.
" W. A. Elder, of Bloomington, McLean Co.
" D. A. Crist, do do.

The following letter was received from the President, Dr. A. H. Luce, and read by the Secretary:—

Bloomington, *May 2d*, 1865.

Dr. C. R. Park, *Secretary of Ill. State Med. Soc'y*,

Dear Sir:—Owing to a severely painful affliction, I shall be compelled to forego the pleasure of attending the present meeting of the Society, and discharging the last duty of my honorable office. Hoping that you will have a pleasant and profitable Session; with my best wishes for the prosperity of our Association, and for the good of its Members, individually,

I remain, yours truly, A. H. Luce,
President Ill. State Med. Soc'y.

The following Committee of one from each county represent-

ed, was appointed to nominate officers, and fill the Standing Committees, for the ensuing year, viz.:—

Dr. N. S. Davis, of Cook Co.
" J. M. Steele, of Edgar Co.
" A. L. McArthur, of Will Co.
" D. W. Edmiston, of DeWitt Co.
" S. McBride, of Macon Co.
" L. T. Hewins, of Iroquois Co.
" W. J. Ballard, of McLean Co.
" F. B. Haller, of Fayette Co.
" N. Wright, of Sangamon Co.
" R. E. McVey, of Morgan Co.
" D. T. Whitnell, of Johnston Co.
" J. W. Redden, of Gallatin Co.

After a few minutes recess, Dr. R. E. McVey, Chairman of the Nominating Committee, reported the following officers for the ensuing year, viz.:—

For President—Dr. J. M. STEELE, of Grandview.
Vice-President—Dr. F. B. HALLER, of Vandalia.
2*d Vice-President*—Dr. C. GOODBRAKE, of Clinton.
Treasurer—J. H. HOLLISTER, of Chicago.
Permanent-Secretary—N. S. DAVIS, of Chicago.
Assistant-Secretary—W. J. CHENOWITH, of Decatur.

On motion, the report was accepted and unanimously adopted.

Drs. A. L. MCARTHUR and S. T. TROWBRIDGE were appointed a committee to conduct the newly elected officers to their places. Dr. MCARTHUR introduced the President elect in a very appropriate manner. Dr. STEELE, in taking the Chair, thanked the Society for the honor conferred upon him.

On motion, Dr. YOUNG, of Ohio, was invited to take a seat in the Society, as a member by invitation.

On motion of Dr. J. H. HOLLISTER, all members of the profession from other States, who might be present, were invited to participate in the meeting, as members by invitation.

Dr. J. H. Hollister offered the following preamble and resolution:—

Whereas, The members of the Illinois State Medical Society have learned, with deep regret, that their esteemed President, Dr. A. H. LUCE, is unable to be present, to preside over the deliberations of this Annual Meeting of the Society, and deeply sympathize with him in his affliction; therefore,

Resolved, That a committee of five be appointed to express to him, in reply to his communication, the assurances of our unwavering professional regard, and personal esteem.

They were adopted, and the following gentlemen appointed to constitute the committee:—Drs. J. H. Hollister, S. T. Trowbridge, C. Goodbrake, L. T. Hewins, and N. S. Davis.

An invitation to visit the State Normal University, was received from the Principal of that institution, which was accepted.

The reports of Standing Committees being called for in order, no communications of any kind were received from any of them.

On motion, adjourned, until 2 o'clock P.M.

AFTERNOON SESSION.

The Society met at 2 o'clock P.M., the President, Dr. J. M. STEELE, in the chair.

The report on "Spotted Fever," being the special order of business, Dr. J. S. Jewell gave an abstract of his report on that subject, which gave rise to an interesting discussion, participated in by Drs. A. L. McArthur, J. H. Hollister, S. T. Trowbridge, J. S. Jewell, C. Goodbrake, D. T. Whitnell, L. T. Hewins, T. P. Rogers, and N. S. Davis. It was evident, from the facts elicited during this discussion, either that several distinct diseases had been included under the name of Spotted Fever, or Cerebro-Spinal Meningitis, or that the disease is capable of arising from different causes, and under widely varying circumstances. In one locality in Michigan, its prevalence was alleged to have been directly connected with an immense quantity of decaying potatoes. In another locality, in this State, its origin was attributed to an extensive accumulation of the refuse cane, or sorghum, scattered over several acres of ground,

and undergoing decomposition. By those who had served as medical officers in the army, it had been observed to occur most among those encamped in highly malarious localities. It was particularly frequent among the soldiers encamped on the Yazoo River. On the other hand, cases are reported to have occurred in localities supposed to be wholly destitute of malaria.

On motion, Dr. Jewell was requested to complete his report, and transmit it to the Committee of Publication.

Dr. R. E. McVey, of Waverly, read a paper, giving an account of an epidemic erysipelatous fever, which had occurred in his neighborhood. The subject of this paper elicited considerable discussion, after which it was referred to the Committee of Publication.

Dr. Hollister, in behalf of the committee to whom was referred the letter of the late President of the Society, Dr. A. H. Luce, reported the following:—

Bloomington, Ill., *May 2d*, 1865.

Dr. A. H. Luce, *President of the Ill. State Med. Soc'y:*

Dear Sir,—The undersigned were appointed a special committee of the State Medical Society, to reply to your communication, received this morning, and express to you our sincere regret that your bodily infirmity prevents you from presiding over the opening exercises of this Annual Meeting. We are instructed by the Society to express to you its sentiments of regard, in the following resolutions:—

Resolved, That the members of the Illinois State Medical Society have ever regarded the name and professional standing of Dr. A. H. Luce as a credit to our profession; that we have ever cherished for him sentiments of profound respect, both for his professional attainments and moral worth, and that our esteem was manifested in proffering to him the honor of the presidency of our State Society, as the most appropriate method by which our confidence could be expressed.

Resolved, That those sentiments of regard are *to-day unchanged;* that he has our sincere sympathy in his affliction, and, that we counsel and urge that, with the consciousness of

his *worth* and *innocence*, he bear up bravely in his trials, assured that in the medical profession he has *true* and *trusty friends*, as *numerous* as are associates in it.

Resolved, That Drs. H. Noble, C. Goodbrake, and T. F. Worrell, be a committee, to convey to him this answer to his communication.

The above resolutions, unanimously expressing the sense of the Society, are placed by us in the hands of the committee appointed to convey them to you. And we desire to remain, with unshaken confidence and esteem, your brothers in the medical profession,

JOHN H. HOLLISTER,
S. T. TROWBRIDGE,
C. GOODBRAKE,
L. T. HEWINS,
N. S. DAVIS,
} Committee.

On motion of Dr. A. L. McArthur, the report of the committee was accepted and adopted.

Dr. N. S. Davis, Permanent-Secretary, presented the following report, which was accepted, and referred to the Committee of Publication:—

REPORT OF THE PERMANENT-SECRETARY AND COMMITTEE OF PUBLICATION.

Soon after the close of the last Annual Meeting of the Society, the undersigned notified the chairmen of all the committees of their appointment, and of the subjects assigned to them for investigation. About four months since, he also caused to be published in the two Medical Journals in this State, a notice of the time and place of the present Annual Meeting, specifying, also, the committees expected to report at the same.

Being furnished by the Treasurer with a list of the names of all such members as had paid their annual assessment for 1864, copies of the printed Transactions, for that year, were mailed to each, with prepayment of postage.

In behalf of the Publishing Committee, he would state that, as soon as the several reports and papers could be collected together, the publication was commenced in the same manner

as during the two preceding years, namely, in such a way as to reduce the cost to the paper and presswork. Still, owing to the extraordinary high price of paper, and the unusual quantity of matter to be printed, during the past year, the cost of publication has been greater than usual. 300 copies were published, at a cost of $219.76. Of this sum, $111.95 have been paid by the Treasurer, leaving a balance, unpaid, of $107.81. There are now, in the hands of the Secretary, from 50 to 150 copies of the Transactions, for each year, since 1856. But all printed copies of the Constitution and Bye-Laws, belonging to the Society, are exhausted, and should be republished, together with the Code of Ethics, and a complete list of members. All of which, is respectfully submitted.

N. S. DAVIS,
Permanent-Secretary.

Dr. J. H. Hollister, Treasurer, presented the following report, which, with the accompanying vouchers, was referred to an auditing committee, consisting of Drs. Hewins, Rogers, and Jewell:—

J. H. HOLLISTER, *Treasurer*,
In acc't with ILL. STATE MED. SOCIETY,

1864.	*Dr.*	
May 3.—To Cash received from seventeen new members for initiations at date,		$34 00
Cash for annual dues for 1864, from fourteen members of the above, see memoranda A.,		42 00
To Cash received from thirty-one permanent members, for annual dues for 1864, see memoranda B.,		93 00
To Cash received for back dues, for 1863, see memoranda C.,		4 00
		$173 00
1864.	*Cr.*	
May 3.—Paid for printing handbills and blanks, (voucher No. 1.)		5 00

May 10.	Paid, on order of Committee of Publication, the bill for printing Transactions for 1863, (voucher No. 2.)----------	56 05
July 28. 1865.	Paid on order of same, on acc't of printing Transactions for 1864, (voucher No 3.)--	50 00
April 8.	Paid on order of same, on acc't of same, (voucher No. 4.)----------	61 95
		$173 00

The amount paid to balance former indebtedness,----------	$56 05
The amount paid on current expenses of the current year,----------	116 95
Balance now due, for printing Transactions for 1864,----------	107 81

Respectfully submitted.

J. H. HOLLISTER, *Treasurer.*

On motion, the annual assessment for the year 1865 was fixed at three dollars, for each member.

On motion, the Society adjourned until 7½ o'clock P.M.

EVENING SESSION.

On the assembling of the Society, at 7½ o'clock P.M., the hall was thoroughly filled, with an intelligent audience of citizens to hear a public address from Dr. N. S. DAVIS, of Chicago.

The President called the meeting to order, and introduced the speaker, who delivered an address on The Nature of Medical Science, and its Relations to the Community. The address was listened to with marked attention; and, after its close, the audience retired, and the Society resumed the ordinary transaction of business.

On motion of the Chairman of the Committee of Arrangements, 10 o'clock, on Wednesday morning, was set apart, as the time for visiting the State Normal University.

On motion of Dr. McArthur, the Society agreed to meet at 8 o'clock, the following morning.

Dr. C. Goodbrake moved that the thanks of the Society be

tendered to Dr. Davis, for his address, and that a copy be requested for publication.

Dr. F. B. Haller moved, as an amendment, that as soon as published in the Transactions, each member of the Society should endeavor to procure its publication in the leading newspaper of his section of the State.

The amendment was accepted, and the motion, as amended, was adopted.

The Society was invited to hold its next Annual Meeting in Chicago, and also in Decatur. After some discussion, Decatur was selected as the place for holding the next Annual Meeting.

The following gentlemen were regularly proposed, and unanimously elected as permanent members:—

M. B. Skinner, of Mokena, Will Co.
Josiah Brown, of Decatur, Macon Co.
A. McBride, do do.
J. C. Corbus, of Mendota, LaSalle Co.
J. Lehmann, of Bloomington, McLean Co.
Henry Conkling, do do.
H. C. Luce, do do.
J. W. Waters, of Selma, McLean Co.

Dr. Addison Niles, of Quincy, delegate from the Quincy Medical Society; and Dr. S. W. Noble, of Bloomington, permanent member, appeared, and took their seats.

On motion of L. T. Hewins, the Secretary was instructed to procure a suitable book, in which to enter the Constitution, and the names of all the members who sign the same.

Dr. McArthur moved that the Treasurer be instructed to report the list of members who shall be delinquent in the payment of their dues, from year to year.

After some discussion, by Drs. Rogers, Steele, and Davis, the motion was lost.

On motion, the Society adjourned.

WEDNESDAY MORNING SESSION.

The Society was called to order by the President, at 8 o'clock A.M.

On motion of Dr. A. L. McArthur, of Joliet, Drs. H. Noble, J. H. Hollister, and M. B. Skinner, were appointed a committee to prepare resolutions, expressive of the feelings of the Society, concerning the assassination of the late President of the United States.

The report on Ophthalmology, being the special order, Dr. E. L. Holmes, Chairman of the Committee on that subject, presented an interesting report, which may be found in its proper place.

After some comments on that part of the report relating to the application of pressure in the treatment of severe conjunctivitis, and the use of muriate of ammonia in the treatment of iritis, by Dr. Davis; and the relation of a case of paraphlegia, with total blindness, by Dr. Ballard, the report of Dr. Holmes was referred to the Committee of Publication.

The Secretary read a letter from Dr. D. Prince, of Jacksonville, stating that the report on Orthopedic Surgery was completed, but he was detained from attending the meeting of the Society, by the severe illness of his mother.

On motion, the report of Dr. Prince was referred to the Committee of Publication.

The Committee on Nominations then reported the following Committees for the ensuing year:—

STANDING COMMITTEES.

Committee of Arrangements.—E. W. Moore, S. McBride, S. T. Trowbridge, J. Brown, and E. S. Jones. W. J. Chenowith, Assistant-Secretary.

Committee on Practical Medicine.—H. Noble, J. S. Jewell, F. B. Haller.

Committee on Surgery.—A. L. McArthur, L. T. Hewins, S. T. Trowbridge.

Committee on Drugs and Medicines.—F. R. Payne, T. D. Fitch, R. E. McVey.

Committee on Obstetrics.—C. Goodbrake, W. H. Veatch, C. R. Park.

SPECIAL COMMITTEES.

On Bromine and its Compounds as Remedial Agents, and the

Pathological Conditions in which its Use is indicated.—Dr. J. H. Hollister, of Chicago.

On Ophthalmology.—Dr. E. L. Holmes, of Chicago.

On Paralysis, its Causes, Pathology, and Principles of Treatment.—Dr. N. S. Davis.

The hour of 10 o'clock having arrived, a recess was taken to visit the Normal University. Mr. Edwards, the Principal, together with the faculty and teachers of the University gave the Society a very cordial reception; and, after a pleasant interchange of sentiments between Dr. Davis, in behalf of the Society, and Mr. Edwards, the company were conducted through the building, museum, &c., and returned highly gratified with their visit.

AFTERNOON SESSION.

The Society was called to order by the President at 1½ o'clock P.M.

Dr. N. Wright, of Chatham, read a paper on the Importance of Diuretics in the Treatment of Malarious Diseases, which was referred to the Committee of Publication.

Dr. Addison Niles, of Quincy, read the report of a case of Puerperal Fever, successfully treated, chiefly, with large doses of opium. The report was accepted, and referred to the Committee of Publication.

On motion of Dr. S. W. Noble, the Special Committees mentioned on pages 10 and 11 of the printed Transactions for 1864, were continued.

The following members were elected to represent the Society, as delegates, in the next Annual Meeting of the American Medical Association:—

A. L. McArthur, M.D., of Joliet.
L. T. Hewins, M.D., of Loda.
J. W. Redden, M.D., of Shawneetown.
J. M. Steele, M.D., of Grandview.
J. S. Jewell, M.D., of Chicago.
H. Noble, M.D., of Heyworth.
T. F. Worrell, M.D., of Bloomington.
E. L. Holmes, M.D., of Chicago.

J. W. Freer, M.D., of Chicago.
E. W. Moore, M.D., of Decatur.
A. Niles, M.D., of Quincy.
A. W. Heise, M.D., of Joliet.
R. E. McVey, M.D., of Waverly.
L. Clark, M.D., of Rockford.
H. C. Luce, M.D., of Bloomington.
D. Prince, M.D., of Jacksonville.
D. Brainard, M.D., of Chicago.
W. A. Elder, M.D., of Bloomington.
J. Brown, M.D., of Decatur.
N. Wright, M.D., of Chatham.

The following resolutions were offered by the Secretary, and unanimously adopted:—

Resolved, That the thanks of the Society be tendered to the Committee of Arrangements for the excellent manner in which they have attended to their duties; and for the hospitalities extended to us during the present meeting.

Resolved, That our visit to the State Normal University was highly gratifying to every member, and we regard the institution, under the direction of its present able Principal and Faculty, one of the most important educational institutions in our State.

Dr. H. Noble, in behalf of the Committee appointed for that purpose, made the following report, which was unanimously adopted:—

Mindful of the deep gloom that rests upon all loyal hearts, as the remains of our lamented President are being borne through our midst, to their last resting place; cherishing with inseparable affection with them all that is dear in home and a united land; ready at all times to render personal services and sacrifices for their preservation and defence, second to those of no other class of men, we, the members of the Illinois State Medical Society, in Annual Session convened, desire to make record of our regard for our deceased Chief Magistrate, and

the causes that led to his assassination, in the following resolutions:—

1*st. Resolved,* That in the death of ABRAHAM LINCOLN, President of the United States, we mourn the loss of an able and pure patriot, a man of the people, allied to them by every tie of interest and affection, earnestly devoting every energy of his being to the integrity and welfare of the entire Union, stricken down by a ruthless and dastard hand, aimed not at himself but the heart of the American Republic.

2*d. Resolved,* That in the assassination of the President are manifest the legitimate fruits of that spirit which gave birth to and fostered the rebellion. That to indifferent opposition, and even expressions of encouragement from portions of the Northern press, and the too great leniency of all our people toward treason and traitors, have rendered us all, in a measure, guilty of this mournful result.

The President is slain, but the Government still survives; and we here pledge to it a zealous and resolute support in all measures necessary to arrest and punish treason. We pledge ourselves to sustain our Government with strong arms.

3*d. Resolved.* That we commend to the favorable consideration of the American youth, the life and services of our Lamented President, as a brilliant evidence of what are possibilities within the reach of the humblest child of our Commonwealth.

H. NOBLE, *Chairman,*
J. H. HOLLISTER,
M. D. SKINNER.

On motion, the Society then adjourned, to meet in Decatur, on the first Tuesday in May, 1866.

N. S. DAVIS, *Permanent-Secretary.*

Selections.

A REPORT ON NEW REMEDIES.

By EDWARD B. STEVENS, M.D., of Cincinnati.

From the Transactions of the Ohio State Medical Society, 1864.

The present Report of your Committee on New Remedies will be mainly a continuation of the report of last year, and, therefore, will be devoted to the notice of such remedies and preparations as have been recently presented for favorable consideration: nevertheless, some general remarks in connection will not be entirely out of place.

In an editorial in the *Buffalo Medical Journal*, by Dr. Miner, we find some remarks on drugs and their use, in the treatment of diseases that are corollary to views expressed in a former report of your Committee, and showing especially that the tendency of scientific medicine in its steady progress is toward the treatment of disease with less drug medication—their proper use being rather for the assistance of the vital force in its intuitive resistance of pathological changes, and their canduct to safe terminations. We quote a brief paragraph or two expressive of those ideas:—

"Disease is almost everywhere overtreated, and nothing can be more plain, or more easily demonstrated, than this proposition. If we did not know it was true we should be glad to speak otherwise. It did appear at one time that the vagaries of Hahnneman were to be adopted in degree to prevent somewhat the injurious abuse of medicine, but even the belief that homœopathic remedies would at least do no harm has long since been dissipated with the knowledge that even the disciples of this monstrous delusion are drugged more extensively and more dangerously than any other; they are literally fed on drugs, in doses which would do honor to the chivalrous days of 'heroic practice.'

"The progress of true medical science has greatly qualified our estimate of the value of mere medicine in the treatment of disease. The sore that used to be treated with an unguent composed of twenty ingredients, heals under moist lint, when placed in proper position, or supported by the stimulus of gentle pressure. The pneumonia that used to be attacked with

heroic remedies—bleeding, antimony, and calomel—now gets well with horizontal position and small doses of Dover's powder. Inflammation even of the serous membranes, which formerly received most active medication, is now observed to terminate favorably if pain is abated, and sleep obtained by a full anodyne. The more painless, or even pleasant, a physician can make his treatment, the more he can divest it of irritating and disturbing characters, the better is it, and the greater and more acceptable is he. The chief characteristic of advancing therapeutics, is to watch the natural course of disease, to regard pathological processes only as modifications of physiological ones, with a natural tendency to terminate in harmonious and healthy action when the obstructions are overcome which these pathological processes themselves were put in action to remove. We often see in the worst forms of disease 'an effort of nature to throw off the morbific matter, and thus cure the patient.' All this is done without any detraction from the dignity and importance of the physician; he is indeed much more worthy public admiration and confidence than he who would attain no more than the same result by the most active medical warfare.

"Physicians never talked so modestly about 'curing' disease as now, and those who excel in this modesty do most toward the furtherance of this object."—*Buffalo Medical and Surgical Journal, November*, 1863.

United States Pharmacopœia.—During the past year the regular decennial revision of the *United States Pharmacopœia* has been issued, by authority of the National Convention for revising the *Pharmacopœia*, held in the City of Washington, in the year 1860. It is, of course, to be expected that with the completion of each decennial interval, the progress of medical science will bring with it many modifications in the opinion of practitioners, as to the value of remedial agents; and this last revision, while it is another evidence that our science has not yet reached a state of perfection, is also an evidence of the steady and painstaking progress we are making in this department of our profession.

A *Pharmacopœia of the United States* is not merely a series of formulæ for the best mode of presenting uniform preparations—but it is, for the time, a declaration of what the experience of the profession has decided shall be considered its standard officinal preparations.

As some evidence of the change which experience has brought in the views of practitioners, we remark that in the list of the *Materia Medica* proper, twenty-six articles have been dismissed

as useless, or so inferior as to be unworthy of a regular place as officinal articles: and from the list of officinal preparations, twenty-seven have been in like manner dismissed. On the other hand, fifty-five articles have been considered of sufficient value to be added to the *Materia Medica*, and one hundred and eleven preparations. Thete are not, however, to be now strictly regarded as *new remedies*—they are the new remedies which the experience of ten years has approved, and a large proportion were already in general use before the mere declaration of the *Pharmacopœia* had made them officinal.

Of course, we shall have next in order, and at an early date, a fresh edition of the *United States Dispensatory*, conforming to this modified *Pharmacopœia*, which will be looked for with interest by the profession.

In this connection, it is but fitting that we acknowledge the eminent services of that diligent "handmaid" of the medical profession—*Pharmacy*. In this country the plodding compounder of drugs has, within comparatively a recent period, risen rapidly to the dignity of an independent and worthy profession; in this we should sincerely rejoice, for the elevation and progress of Pharmacy represents, in an important degree, the progress of medical science. While we should systematically frown upon that villainous nondescript which continues, in a large degree, to infest our cities and large villages, who is half druggist, half doctor; who puts up pills, salves, and nostrums, bleeds, pulls teeth, and treats gonorrhœa; who fawns on the members of the profession for their prescription patronage, and sneers at them to their patients; who resorts to all scurvy tricks for a consideration; nevertheless, we say all honor to the true pharmaceutist—let us strive to draw the distinction in our esteem—and, so far as may be drawn, the distinction in our patronage.

During the past year or two, *The London Lancet* has furnished a series of articles on what the contributor is pleased to style *new remedies*. Some carefulness in the reading of these articles, inclines us to the opinion that a large amount of trash has been gathered up, with a few really valuable contributions; quite a number of remedies are taken at second-hand from the representations of eclectic and botanic practitioners of this country, who are by no means regarded with a prophet's honor at home. Others are treated of as new, which have been long known in this country, and used by all classes of practitioners, as, for example, the *phitolacca decandra* (poke root).

The several individual articles we propose to notice are too

disconnected to suggest any systematic order, we therefore take up, first:—

Substitutes for Quinia: Cinchonine.—In the series of articles we allude to, we have *cinchonine* presented as a reliable anti-periodic, in all respects equally efficacious as a remedy, though in doses one-third larger than quinine. The cinchonine has the advantages of being less bitter in taste, and much cheaper. The cinchonine is especially commended in a communication from Dr. McPherson, who has had a lengthy and extended opportunity for observation in the fevers of the East Indies. Inasmuch as the sources of the supply of quinine are becoming every year more limited, it becomes a very important inquiry to test a reliable substitute, or even a substitute which shall be reliable for many purposes. It is stated that the supply of cinchonine is both cheap and abundant.

The Swamp Ash, or Fraxinus Nigra, is offered as another substitute for the sulphate of quinia. In an article in the *Cincinnati Lancet and Observer*, for April, 1864, Dr. Denny, of Albion, Indiana, reports an experience of ten years in the use of the swamp ash. He administers the remedy in the form of a syrupy decoction or fluid ext. of the inner bark, in doses of a tablespoonful, frequently repeated during the state of apyrexia, adding a full dose of opium to the last dose of swamp ash, in anticipation of the expected paroxysm. He says, "ever since 1854, all my cases of intermittents have been thus treated, and I candidly aver it has never failed to arrest the disease." He further expresses the opinion, from his observation, that relapses of ague thus treated are less apt to return.

Phlorodzine is another remedy which has some claims to professional regard, as in some degree a substitute for quinia; as long ago as the year 1856, some favorable notices of phloridzine appeared in the medical journals; we find in the *Medical Observer*, of Cincinnati, some account of its use by physicians of that city in the treatment of intermittent disease. Dr. De Ricci revives attention to this remedy in a recent article in the *Dublin Quarterly Journal of Medical Science*, August, 1863, as follows:—

"*Phloridzine* is a neutral principle existing in considerable quantities in the bark of the root of the apple, plum, and cherry trees, but principally in the root of the apple tree. It appears in the market in the form of a dirty whitish powder, consisting of broken up, silky needles, somewhat resembling quinine which has not been well bleached, and when rubbed between the fingers it has a soft velvety feel, very like that of French chalk.

When crystallized by slow cooling from a dilute solution, previously treated with freshly prepared animal charcoal, phloridzine may be obtained perfectly white, and in the form of long silk needles. Its taste is peculiar, being bitter at first, but afterwards somewhat sweetish, with a flavor of apples. Phloridzine differs from quinine, by containing no nitrogen in its chemical composition, but in this respect it resembles salacine, to which it is much allied. Like salacine, it does not combine with acids to form salts, is very soluble in alcohol, ether, or boiling water, but requires one thousand parts of cold water for solution.

"The cases in which Dr. De Ricci has employed phloridzine with most success have been certain forms of atonic dyspepsia occurring in delicate females, to whom it was impossible to administer either bark, quinine, or salicine in any shape, without bringing on serious nervous excitement. He has also found it extremely well adapted for the treatment of young children of delicate constitutional habit, or when recovering from whooping-cough, infantine fever, or any other disease. The doses he has employed are five grains, three or four times a-day, for adults, and proportionately smaller for children. In prescribing phloridzine it must be borne in mind that it is almost insoluble in cold water, but the addition of a very small quantity of ammonia instantly dissolves it; thus by adding to an eight ounce mixture, containing a drachm of phloridzine, a few drachms of aromatic spirit of ammonia, the fluid which was previously milky becomes perfectly clear, and the addition of the aromatic spirit rather improves the mixture than otherwise. Dr. De Ricci relates the case of a young lady of a strumous constitution suffering from chlorosis, in which the effects of phloridzine were manifestly favorable. The patient was unable to take iron in any shape, and both quinine and salicine equally disagreed with her; but phloridzine agreed perfectly well, and her constitution improved so much under its use that she was subsequently able to take citrate of iron and strychnia in grain doses, which ultimately effected a perfect cure. Dr. De Ricci thus recapitulates the advantages of this drug:—

"It is tolerated in cases where neither quinine, nor salicine, nor bark can be administered with impunity.

"It is particularly adapted to young children.

"It is not expensive, thus rendering us independent of the rapidly diminishing cinchona forests of South America."

Ergot of Wheat a Substitute for Ergot of Rye.—Physicians who are in the habit of using the ergot of rye, have always ex-

perienced certain inconveniences which tend to deteriorate its actual efficacy and render its action constantly uncertain; these are particularly, the amount of poisonous resin which is contained, and the action of time and damp in rendering it absolutely inert. These objections are sought to be avoided by the substitution of ergot of *wheat* for the rye heretofore so well known. We find the following paragraph in the New York *Independent* for June 8th last: "The ergot of wheat is proposed by M. Leperdriel, of Montpellier. It is much rarer than the ergot of rye, but can be found in sufficient quantity. Its color is much the same as that of rye, but differs in shape. While the ergot of rye is fusiform, generally curved like the spur of a cock, and furrowed longitudinally with striæ of equal length, the ergot of wheat preserves the form of the grain which it replaces, is deeply cleft, and often even divided into two, sometimes into three, at its upper extremity. It has the remarkable physical property of resisting decay, and hence of preserving for a length of time its medical virtues. It can thus be kept many years without undergoing any alteration. It moreover contains 15 per cent. less of the poisonous principle of ergots, and yields 20 per cent. more of the efficacious principle." Such are the reasons which lead M. Leperdriel to prefer ergot of wheat to that of rye.

Caulophyllum Thalactroides as a parturient. In the series of articles to which we have already referred in the *London Lancet*, it is stated that the caulophyllum thalactroides, which we believe belongs to the *cohosh* family, and, therefore, may probably resemble the cimcifuga racemosa, is a parturient of more decided reliable efficacy than the ergot. Its mode of administration and dose is not given, but we suppose should be given as an infusion, or what would be better, as a fluid extract, of which ℥ss to ℥j would be a proper dose.

Liquor Bismuthi.—Most practitioners agree in opinion as to the special value of bismuth in painful affections of the stomach, however much they may differ as to the nature of the pathological conditions giving rise to these very common painful states of the organ. We have hitherto been confined to two preparations, the trisnitrate and carbonate. Both these are insoluble powders, bulky and inconvenient, inasmuch as a single dose cannot be made into one or two pills.

The *Lancet* for September, 1863, states that Mr. Schacht, of Clifton, has succeeded in preparing a solution of bismuth, which is uniform in composition, stable, miscible with water or other fluids without precipitation, is efficient in small doses. This

solution is quite transparent, with a slight alkaline reaction; and although it contains only eight grains of oxide of bismuth in an ounce, a fluid drachm for a dose, is found to be equivalent to a full dose, fifteen or twenty grains, of the insoluble trisnitrate.

A very excellent chemist and pharmaceutist, Mr. Wayne, at the store of Suire, Eckstein & Co., in Cincinnati, has been for some time preparing the liquor bismuthi, and several physicians of that city have tested its efficacy and report very satisfactory results.

McMunn's Elixir of Opium.—For near a quarter of a century the secret nostrum known as McMunn's Elixir of Opium has been a favorite remedy with many physicians who have patronized it and praised it to the great delight of the proprietor, and the degredation of the profession.

The special excellence originally claimed for McMunn's Elixir was that the opium was *denarcotized*, but it has long since been very well established that *narcotine* possesses no narcotic principle, that it is at least harmless, if not a safe antiperiodic. Recent articles in the *Philadelphia Reporter* and the *New York Independent* give the entire *rationale* of the preparation, from which we learn, in brief, the following steps in the process.

1st. The opium is subjected to sulphuric ether, which is supposed to remove the narcotine, as also its peculiar noxious odor.

2d. A process of boiling follows, to remove the sulphuric ether.

3d. A watery solution is made and the opium is macerated for five or six days, after which

4th. Alcohol is added in certain proportions. After standing undisturbed a few weeks it is the *elixir* and is fit for use.

Reliable chemical analysis proves that the preparation thus made is for efficiency *only a solution of morphia*, that the process leaves the morphia, narcine and extractive matters only depriving the opium of its pseudo morphia, codeia, narcotina, thebaina, meconine, fatty matter, and resin. The narcine and extractive matters contained are so nearly inert that after the precipitation of the morphia, the liquid might be taken in doses of an ounce without injury. It seems then demonstrated that the so long vaunted Elixir of McMunn is nothing more than a solution of impure morphia.

The Calabar Bean.—No new remedy has perhaps attracted more interest of late than the calabar bean, especially among practitioners devoted largely or specially to eye surgery. We

are indebted to Dr. Christison for bringing the peculiar properties of this drug to notice. In his personal experiments he found that twelve grains of the powdered bean produced serious and dangerous symptoms of poisoning, accompanied with a remarkable contraction of the pupil. It is now found that a solution of the extract, or a tincture, if applied in small quantities to the eye, produce this contraction of the pupil in a singularly marked degree. In fact, in this respect its therapeutical action being exactly the reverse, or the antagonist, of the belladonna; and if atropine be applied to one eye a tincture of the calabar bean to the other, the two extremes of therapeutic effect are most remarkable. One of the most readily occurring uses of this remedy would suggest itself as counteracting the use of the atropine for its usual purposes in eye surgery; but undoubtedly its application in eye surgery alone will prove much more extended than this, even though its effects as a peculiar poison should not render it available for other purposes.

Permanganate of Potash.—Another new remedy, is attracting some attention, not particularly as a new salt, but from the fact that new properties and applications of it are proposed. Dr. Samuel Jackson, of Philadelphia, has contributed for the *American Journal of Medical Sciences* for January, an article on the Permanganate of Potash, as a rapid developer of ozone in the human system; and hence as likely to become an important remedy in the treatment of low forms of disease, especially those forms of disease dependent on a depraved condition of the blood, or a condition of blood faulty as to its oxygen; as for instance, erysipelas, hospital gangrene, typhus fever, and the like. As bearing somewhat on this remedy we quote a paragraph cut from one of the papers of the day:—

"Ozonized water is now used for drinking and the toilette. It is advertised in London in the following style: 'Its use is attended by a sensation which has been aptly described as the "perfume of purity." Being perfectly inoxious and tasteless, a few drops make a most refreshing and invigorating addition to the tumbler of plain drinking or soda water, from which they remove all trace of soluble organic matter—a fact of infinite importance to the voyager or the invalid. When employed for the toilet, bath, &c., it removes from the mouth all impure and foreign tastes and odors, whether arising from natural or artificial causes, such as the practice of smoking, and counteracts the irritation and morbid effect of carious teeth. It purifies and softens the skin, and tends to promote a healthy state of the whole body, by removing all secretion, and restoring a wholesome condition.'"

Now, Dr. Jackson states that this ozonized water of the English, is a solution of the permanganate of potash and water in the proportions of two parts to a thousand.

In dyspeptic conditions of the stomach he found this simple ozonized water had a decidedly tonic effect in doses of a teaspoonful three or four times a day. As a local application to ulcers it stimulated to a process of healthy action and cicitrization. In hospital gangrene it was given internally and applied locally; internally it was used after the following formula:—

℞. Permanganate of Potash, ---------- ℥j
Acid Sulph., ---------- xx gtt.
Aqua font.,---------- Oij.

Which is about two grains to the ounce; of this one teaspoonful was directed every three hours in a wine-glassful of water. Its good effects when applied locally were almost immediate.

Acting upon the hints in this paper of Dr. Jackson's, we learn that our fellow member, Dr. Dunlap, of Springfield, has experienced most gratifying effects from the use of the permanganate of potash in the treatment of "Spotted Fever," as it appeared recently in and about that city. He gave it in the form just noted, and in the more malignant cases increasing the dose from one-eighth to half a grain frequently repeated. His theory being that in epidemic spotted fever we have a depraved condition of the blood resembling that of malignant scarlatina or erysipelas.

Thus we might proceed, and still to considerable extent swell the matter of this report. We feel, however, that the patience of the Society has been sufficiently trespassed upon, and leave for future more careful gleaners to bring up the changing and improving progress which this department of medicine is making in its annual march.

LECTURE ON THE RESULTS OF THE SURGICAL TREATMENT OF CANCER.

By T. SPENCER WELLS, F.R.C.S., Surgeon in ordinary to Her Majesty's Household.

GENTLEMEN—Perhaps there is no question which more frequently arises in practice, or which is answered with so much doubt and hesitation, as the question, "Should a cancer be removed?" at one time, removal was the general rule of prac-

tice. Then the frequency of return after removal, and the revival of the humoral or chemical pathology, led to the rule only to operate in exceptional cases. It was asserted that by removal of a cancer in the early stage, we only removed one seat of deposit, left the blood unaltered, encouraged deposit in some other part, and so did more harm than good, often shortening life. Therefore it came to be a sort of rule of this school not to attempt to remove or destroy a cancerous tumor, unless it was either actually ulcerated, or growing so fast that the skin was about to give way, or the destruction of some vital part was threatened. It was urged that growths, having all the characters of cancer, occasionally disappeared, under the influence of hygienic or medical treatment—that other such growths have sometimes remained completely dormant for many years, without injuring the health, or shortening the life of the individual—and that it was absurd to say the disease was not cancerous in such cases because the patient recovered, or lived to old age, unaffected by the local disease. But the most determined leaders of this school admitted that in cases where an open cancer gives great pain, and is wearing away the patient by bleeding or profuse discharge, this cancer should be removed, in the hope, first, of relieving suffering, and, secondly, of prolonging, though not of saving life. In some other cases, where a cancer caused great mental anxiety to a patient, it was to be removed at her earnest entreaty, after fairly explaining the probability of a return of the disease. For many years these rules were followed in practice, and are so still by many excellent surgeons. But during the last four years a marked change has been taking place, and the professional mind is still in a a state of transition. The transudation hypothesis is falling before the cellular theory. The belief that cancer is always a disease of the blood, is severely shaken by the vigorous attacks of Virchow, and the positive and visible demonstration which he affords of the local origin of morbid growths, and the secondary contamination of neighboring parts, and of the blood, by extension and by absorption of the products of local disease. He has gone very far towards proving that the cells of the connective tissue (commonly known as cellular or areolar tissue) are the ovules of cancerous growths, as they are of all the new cellular productions. We are still ignorant of the nature of the peculiar change or irritation which, in the first instance, alters a connective tissue cell into a cancer cell; but when once this change has taken place, and the altered cells begin to grow and multiply by division, we have clearly a focus, both

of local and general contamination—local, by imbibition of the fluid formed by the diseased cells into the healthy cells of adjacent tissues; and general, by absorption or transudation of the morbid products through the lymphatics and veins. Thus, the harder the tumor, the less likely to spread; the softer, the more likely both to spread locally, and to contaminate the blood. The direct and necessary practical deduction for the surgeon, from these views, is, that all malignant growths should be removed in their earliest possible stage—as soon, in fact, as their nature is ascertained; and to this rule, surgeons seem to be partially, though perhaps unconsciously, returning.

It requires the observation, and careful observation, of many years, and of many independent observers, to settle such a point as this; but a great deal has been done to show, by comparing a large number of cases of cancer, where removal has been practiced, with others, where the patient has been left without operation, that the average duration of life in the patient operated on is decidedly lengthened. No trustworthy data exist for making such a comparison with cases in which the tumor was removed at a very early stage, but my own experience is leading me to adopt the rule deduced from the pathology of Virchow. I have had several cases since the publication of my pamphlet on "*Cancer Curers*," in which I have excised growths which microscopic examination has proved to be truly cancerous, and in which no return has yet been observed. The time is obviously too short to speak of them as permanent cures —indeed, it is almost certain that in nearly all there will, sooner or later, be a return; but the result has satisfied me that the rule of practice most commonly followed may be advantageously modified in cases where the disease is in a very early stage. The operation at that stage is a very trifling one, is perfectly painless under chloroform, and, so little necessity does there appear to be to keep patients to their rooms, that I have, both in private practice and among hospital out-patients, allowed them to come backwards and forwards from their homes. Supposing the general health to improve, and the cause which led to the first change in the connective tissue cells should not operate again, then *removal* really becomes *cure*.

If the teaching of Virchow, the greatest of living pathologists, be true—if the belief in the universal constitutional origin of cancerous tumors be unfounded—if the constitutional disease is, even in some few cases, secondary, the morbid condition of the blood originating in, and being kept up by a supply of hurtful ingredients from some diseased locality—how hopefully may

both surgeon and patient look upon the treatment of cancer in its early stages, before its germs have spread into neighboring tissues, before they or any irritating fluid have been conveyed to a distance, before the healthy cells of neighboring parts have imbibed by endosmosis the specific or parenchymatous fluid, or this fluid has been carried by lymphatics or veins to distant parts. And, on the other hand, how fearful is the responsibility of the cancer curer who tampers with the life of the poor sufferer who has confided in his knowledge and skill! If he attempt to procure absorption of the tumor and succeed, he may produce the general contamination of the blood of which the growth itself was erroneously regarded simply as an "outward and visible sign." If he fail, he still gives time for the growth of germs, and for extension, first, locally, and then by absorption. If he employ caustics, he may be adopting the very practice of all others most likely to lead to a rapid and general development of cancer throughout the body, by hastening softening of the growth, setting up irritation in neighboring parts, and assisting the transmigration of cancer cells through blood to distant parts of the body.

The fact that *removal* may really result in *cure*—that the disease may not return—should certainly encourage both patient and surgeon to think of removal in any case where the whole of the diseased part can be removed without unusual risk or difficulty; but it would be very wrong to conceal from any patient the fact that this happy result is extremely rare, and that, except under very unusual circumstances, no more can be expected from removal than prolongation of life, and diminution of suffering.

That *life is prolonged* by removal, is now satisfactorily established by statistics. The results of different statistical tables vary. But those most to be relied on tend to prove that the average duration of life in those operated on is certainly greater than in those in whom the disease is allowed to run its course without operation. In a valuable lecture published in the *Medical Times and Gazette*, in 1862, Mr. Paget says—"In a recent tabulation of hospital and private cases, 85 cases operated on lived an average of 55.6 months, and 62 cases not operated on lived an average of 43 months. And some such proportion as this will probably always be found."

Not only is life prolonged, but *suffering is lessened.* The amount of suffering, mental and bodily, of a patient during the ordinary course of cancer is very great, "Consider," says Mr. Paget, "the pain and anxiety—the pain likely to increase daily

—the misery of waking every day to the consciousness of an incurable disease; the sometimes loathsomeness; the restlessness for cure—cure, such as there are *never wanting dishonest men to promise.*" By an operation, painless under chloroform, and not followed by painful dressings, this constant, daily, weary pain is relieved for a time, and the patient is also restored to a state of mental comfort, which is as great a gain as the relief from pain. In some cases, where there is no hope of prolonging life, the pain and suffering from an open cancer are so great that it is right to operate simply to obtain for the patient a comparatively painless death.

If, then, the oft-repeated objection to operation—that life is not lengthened, but shortened—is satisfactorily answered; if we also dismiss, as unproved, and certainly erroneous, the suggestion that when the disease returns it will be in a more aggravated form than if the disease had run its own course, the question arises, "Why not operate in every case?" And the answer is ready, "Because the operation is one attended with risk to life." In some cases this risk is very great, in others very small; but taking the average of some hundreds of cases, Mr. Paget estimates that "a patient runs a risk of 1 in 10 of dying" from the operation. Others estimate the risk as low as 5 per cent, or 1 in 20.

In a consultation, however, upon any individual case, neither patient nor surgeon will be content with a mere statement of averages. It is seen at once, as from 1 in 20 to 1 in 10 die of the immediate effects of the operation, and the average life of those operated on is over 55 months, that some patients must live many years. And the questions which are asked are not: What are the *general* results of operation? How long do people *in general* live after it? How soon does the disease *generally* return after operation? But the individual case is pressed home: What risk would there be to *my* life? How long should *I* be likely to live? How soon might *I* expect a return of the disease?

It is said, and said truly, that general conclusions can only be drawn from general averages. Mr. Paget says:—"To deal with single cases is a sort of surgical gambling." The gamblers, however, are they who operate in nearly every case which comes before them, and they who operate in none, both classes satisfying themselves by statistical tables and general averages, rather than by forming a careful estimate of the probable results of treatment in each case. Each case must be considered by the light of general experience, but it is no less in

itself a subject for separate calculation. And in every case which comes before us we must be guided by certain general rules, the most important of which may be shortly summed up as follows:—

Risk of Removal.—The average mortality being from 5 to 10 per cent, in what cases is the risk above, and in what below the average? Supposing the patient to be placed under the most favorable circumstances possible to prevent the occurrence of erysipelas, pyæmia, any form of septicæmia, or secondary hemorrhage (the chief causes of death *soon* after operation), the probable liability of any patient to these dangers may be estimated by observing certain general and local conditions. The *general* conditions favorable to operation, or those which may fairly justify the hope that a patient will not die from its effects, are, that she is not more than 60 years of age, not emaciated, is well-nourished, clear-complexioned, temperate, courageous and even-minded, and free from other organic disease. The reverse conditions are seen in patients over 60 years of age—in over or under-fed people—the emaciated, or the fat and plethoric—those of cachectic, leukæmic or chloro-anæmic aspect—the dejected or hysterical—and they who, in addition to the cancer, have some organic disease of heart, lungs, liver, or spleen. The favorable *local* conditions are that the skin over and near the tumor is soft and healthy, free from œdema, freely movable, and free from scattered nodules of cancer—that there are no diseased cervical glands—none, or few, diseased axillary glands—that the breast is small—that only one breast is diseased—and, if only part of one be affected, that this is the lower part. The unfavorable local conditions are, the skin is brawny, the hair-follicles large and open, the skin over the tumor adherent, that there are scattered cancerous tubercles in the skin, that the supra-clavicular glands are swollen, that there are many diseased axillary glands, that the breasts are large, that both are diseased, or, if only part of one, that it is the upper part.

By bearing these things in mind, it is not difficult so to select cases as to reduce the risk of removal to a very low average, and there can be no difficulty in deciding in any case whether the risk is greater or less than the average.

When part of one breast only is affected, the rule generally followed is to remove the whole breast; and this rule is a good one if the breast is small. But when only a small portion of a large breast is affected, it is much less dangerous, and equally effectual, to remove the diseased part and some of the surround-

ing healthy tissue, than to remove the whole breast. There is good reason to believe that the disease is as long in returning when only the diseased part has been removed, as when the whole breast is removed.

When it has been decided to remove cancer, the question will arise, "Should it be removed by the knife, or by caustic?" And the answer must be framed again upon full consideration of all the circumstances of each case, but guided by the following general rules:—

1. There is no proof, whatever, that the return of cancer after removal by caustic, is less rapid than after removal by the knife. On the contrary, it is probable that the return will be more rapid, (*a*) from the greater probability that some portion of the cancer will escape the action of the caustic than the dissection of a careful surgeon; (*b*) from the inflammation set up in the surrounding tissues and the irritation of neighboring glands.

2. Admitting that the immediate risk to life from the removal by caustics may be less than after removal by the knife—in other words, that pyæmia and hemorrhage are less likely to occur—we have abundant proof that the risk is very considerable, and that the intense and long-continued suffering does in itself lead to exhaustion and death.

3. It is possible that the attempt to remove a cancer by caustics may fail altogether, that the irritation set up in the diseased growth and in the parts surrounding it, or the extension of the sloughing to vital parts in the neighborhood, may destroy the patient before the cancer is destroyed.

These objections will generally lead the surgeon to advise the patient rather to submit to excision than to caustics. But in some cases, where the situation of the growth is such that the knife cannot be used safely, caustics are decidedly preferable, as they are also in cases where the growth is small, or of moderate size, and slow in its progress, while the unhealthy general condition of the patient would render the knife more than usually hazardous; for, as Mr. Paget has said, "the constitutional maladies that greatly increase the risk of cutting, do not, except very rarely, increase the risk of caustics." There are also some cases of open cancer in a very late stage of the disease, so adherent that the knife could not be safely used, where the diseased part may be completely destroyed by caustic, and a sound cicatrix may result. Sometimes it may be well to leave the choice to a patient, after representing to her fairly the advantages of the two methods. Some may be guided by the

dread of the knife, others more by the dread of pain, and it is right to allow these fears their full weight.

The cases decidedly unfit for caustics are those of acute or rapidly growing cancer, or those of large size, and those where there is an œdematous, brawny, or tuberculated or ulcerated condition of the surrounding skin, and those where the supra-clavicular or axillary glands are enlarged and indurated. And most of the conditions which, on general grounds, forbid the use of the knife, also forbid the use of caustic.

Supposing it to be decided to destroy a cancerous tumor by caustic, all the evidence before us goes to prove the chloride of zinc to be the most effectual and safest yet employed; that it is a matter of great indifference whether it is employed as a paste or in solution; but that its action is considerably hastened by scoring through the slough, as Justamond did, down to the living tissues beneath, so that they are not protected by the slough from the action of the caustic. This scoring is not so necessary when the chloride is used in solution as when it is used as paste, after destroying the skin by nitric acid; and it is not at all necessary if one or more pairs of galvanic plates are used as the caustic. If a piece of zinc be placed on any raw surface, and a piece of silver near it, a silver wire connecting the two, the part covered by the zinc is destroyed very rapidly, and the slough formed is a very soft one, which is easily sponged away. I saw a lady in 1854, with Dr. Lawrence, of Connaught-square, suffering from cancer of the breast, and we decided, on consultation, to adopt this method, which Dr. Lawrence carried out most effectually. I should not be at all surprised to hear that the next great empiric who appears in London, will profess to cure cancer by galvanism.

Occasionally it is advisable to apply the actual cautery, instead of using caustic, and I have recently found the use of a small jet of lighted gas, by means of the instrument made by Mathieu, for M. Nélaton, very efficacious. It is much more easily arranged than the galvanic cautery, is equally manageable, and has the great advantage of destroying parts without touching them; so that there is no fear of the eschar adhering to the metal, being removed as the metal is withdrawn, and bleeding thus being set up. In cancer of the upper jaw, or base of the skull, which project into the mouth, very great temporary relief is gained, even if only a partial destruction of the growth can be effected.

When removal cannot be recommended either by the knife or by caustics, it must be remembered that we can do a great deal

more towards arresting, even curing cancer, than is generally believed—that our art is not nearly so powerless as charlatans assert. Growths with all the characters of cancer have occasionally, although very rarely, disappeared under the influence of remedies. Other such growths have remained completely dormant for many years, without affecting the health or shortening the life of the individual; and it is absurd to say that the disease was not cancerous in such cases, because the patient recovered, or lived to old age, unaffected by the local condition. —*Med. Times and Gaz.*, Feb. 11, 1865.—*Med. News.*

THE EPIDEMICS IN RUSSIA AND NORTH GERMANY. Report of the Medical Officer of the British Privy Council.

[In the preceding number of the Examiner, we suggested that the epidemic in Russia was only a form of typhus. The following is from high authority:—Ed.]

Mr. Simon, the medical officer of the privy council of the Queen of England, has reported to Lord Granville the result of the official inquiries which have been made, respecting the epidemic in Russia, and the disease which prevails in North Germany. With respect to the former, he says:—

"As regards St. Petersburg, the epidemic which is prevailing in that city consists of two forms of fever, which are known in this country as relapsing fever and typhus. Of relapsing fever (which, also, from the circumstances under which it prevails, is familiarly known by the name of famine fever), we have had no large experience in this country since the years 1846–48, when, in consequence of the Irish distress, the disease first became epidemic in Ireland, and next raged in Liverpool and many other of our chief towns, to which its contagion was brought by Irish immigrants. Typhus, on the other hand, is probably never absent from among us.

"During the last two or three years, there has been an almost unprecedented amount of it in London, and, as your lordship is aware, inquiries relating to very large epidemics of it in Liverpool, Greenock, and Bristol, have, during the last few months, been required of the medical department of the council office. In times when relapsing fever prevails—and always they are times of national scarcity—typhus always, or nearly always coëxists with it. It was so in Liverpool in 1847, it is so at St. Petersburg at present. The mixed epidemic,

wherever it occurs, testifies to the miserable state of a starving and overcrowded proletariat; and there seems reason to believe that, if the St. Petersburg epidemic is of more than common severity, this is only in result of extremely aggravated conditions of privation, overcrowding, filth, and district unwholesomeness, operating on large masses of the lowest population.

"It is probable that the relapsing fever has caused particular alarm in St. Petersburg, from the fact that the disease had never before prevailed there, nor, indeed, been much known anywhere in Russia. But it is a disease greatly less dangerous than typhus. To persons whom they respectively have attacked in this country, typhus has been seven or eight times as fatal as relapsing fever. Both typhus and relapsing fever are communicable from person to person, by means of the general exhalations of the sick; and the danger of such contagion acquires its utmost development when masses of ill-fed population are crowded together in places which are insusceptible of ventilation. It seems probable that the fevers now prevailing at St. Petersburg are not only extensively diffused, but in their respective kinds are of fully average severity.

"The relapsing fever is causing more than its usual proportion of deaths, and is notably attended with those inflammatory swellings which are known by the name of buboes. Although the reports which are before me do not state the relative frequency with which the latter symptom is observed, yet from the fact of being mentioned in a very general report on the epidemic, I infer that it has been more than commonly frequent, and doubtless it was from this circumstance that there arose the rumors of plague. It is therefore requisite to mention that buboes are by no means exclusively characteristic of the plague, that severe typhus in this country is not unfrequently attended by them, and that also in our other forms of fever, they are sometimes, though far less frequently, observed.

"The great importance, however, of the question which is involved in that symptom of buboes was a main reason for your lordship's thinking it desirable to have an English physician's report in all the elements of the St. Petersburg epidemic; and it was therefore that, under your lordship's orders, I instructed Dr. Whitley to proceed to St. Petersburg, for the purpose of making personal examinations in the matter. He arrived at St. Petersburg on Saturday night last; and his telegram, which I received on Tuesday, informs me in positive terms that 'nothing resembling plague has been observed.'

"The disease in North Germany he describes as having no dependence on the Russian fever.

"That disease (the North German) is one of which, hitherto, England has had no general experience. Even in foreign medical literature, mention of it is but comparatively recent, and the knowledge which relates to it is incomplete. It is a febrile nervous affection, of a very painful and very dangerous kind. By us, for practical purposes, it may be regarded as a new disease; but, in truth it has for the last 28 years been prevailing very extensively in successive small epidemics, both in Europe and America, throughout the entire breadth of the north temperate zone."

Dr. Sanderson was instructed to visit those places about the Lower Vistula, where the singular disorder prevails, and he has reported that he finds "no reason for regarding the disease as pesronally communicable;" that he has "met no single instance in which more than one member of the same family has been attacked; nor has there been any diffusion of the disease in any of the hospitals." Mr. Simons sums up his report as follows:—

"From the foregoing statement, your lordship will have gathered that, neither as regards the fevers which are present in St. Petersburg, nor as regards the nervous disease which is occurring in North Germany, are the circumstances such as have, on former occasions, led to the adoption of quarantine by this country; that, as regards the importability of the nervous disease, our danger in communicating with the Baltic ports—unless there were movement of masses of infected population—is apparently nothing, or next to nothing, and that, as regards the Russian epidemic, our danger in communicating with St. Petersburg is only the same sort of danger as the several parts of the United Kingdom have often occasioned to one another, and are even at the present time, as regards the worst known forms of fever, daily and abundantly occasioning.

"As, however, it is possible, and even probable that, with the reopening of the Baltic navigation, ships which come to our port from Russian territory may occasionally have fever cases on board, it is essential that, in places which this danger may affect, the local sanitary authorities should exercise peculiar vigilance against all those unwholesome conditions which favor the propagation of such disease."

Small-Pox is ravaging Lahore, 7000 out of a population of 50,000 of the native inhabitants having fallen victims to it within two months. We are not informed what is the state of vaccination in this district.

SLITTING THE CERVIX IN DYSMENORRHŒA.

CINCINNATI, April 19th, 1865.

E. B. STEVENS, M.D., *Editor Lancet and Observer:*—In a letter received by me a few days since, from Dr. George K. Kidd, Editor of the *Dublin Quarterly*, and one of the physicians to the Coombe Lying-In Hospital, the following passage occurs:—

"You speak of Churchill being opposed to slitting the cervix in cases of dysmenorrhœa. I think I have converted him from this by curing a lady that he had been treating for months, without effect and relief, with sea-tangle. I have no doubt slitting is the only effectual cure in many cases: dilating with tents is utterly useless, as the os closes again in a very few days."

Dr. Kidd's character and position entitle his asertions to be received with great respect. The statement to which Dr. Kidd alludes, was made in one of my letters to the *Lancet & Observer* from Dublin. Immediately after my visit to that city, I spent some little time in Edinburgh, and there had a more favorable opportunity of studying the value of the operation referred to. Professor Simpson, a man not less remarkable for genius than for industry, probably, and justly, the highest living authority in diseases of women, who was the first to perform the operation—now more than twenty years ago—still adheres to it. In what he terms "obstructive" dysmenorrhœa—most authors, however, use "mechanical"—the consequence of narrowing some portion of the cervical canal, generally at the *os externum*, and where, as one of the consequences, there has been sterility, the results of incision have been quite satisfactory. The operation is easily and quickly done with his *hysterotome;* the hemorrhage is but little, unless the incision is very free in the superior portion of the neck, and, even when likely to be severe, can be readily controlled with per-chloride of iron, and, if necessary, the tampon. In one of the cases I saw operated on —the operator was Professor Simpson's nephew, and assistant, Dr. Alexander Simpson—the lady not only walked to the Home, but also walked away, the discomfort and hemorrhage were so slight.

The readers of the *London Lancet* will observe that our own countryman, Dr. Marion Sims, in one of the chapters of his forthcoming book, now in publication in that journal, speaks very positively in favor of the operation.

The treatment of this condition of the cervix by bougies—the

advantages gained by sponge-tents or sea-tangle are, as Dr. Kidd so justly observes, but temporary—like most of my professional brethren, I have found very tedious and unsatisfactory. Nor is it, as so well pointed out by Dr. Sims, devoid of danger. It occurred to me, last winter, to see in consultation, a lady with very serious *pelvic cellulitis*, suppuration ensuing, and the pus discharging through the rectum, the disease following the continuous use for several weeks, of bougies, to relieve a contracted cervix. And yet I cannot doubt but in this instance the utmost caution and skill were used with these instruments, for she had been under the care of a leading practitioner in such diseases, in one of our Eastern cities.

In a word, to conclude this note, which was suggested by Dr. Kidd's letter, I am satisfied that the perils of incision are much less than those of dilatation, while the results are far more satisfactory. T. P.

—*Lancet and Observer.*

ENTOZOA IN VEAL AND BEEF.

To the Editor of The Lancet.—*Sir:*—At the risk of riding the "hobby-horse" a little to fast, I would call the attention of your readers to an interesting entozoological fact.

Professor Simonds and myself have just succeeded in rearing the larvæ of *tænia mediocanellata* in a calf, but at present the cysticerci are not perfectly developed. We know, however, that the larvæ are there, not only by the symptoms produced, but also from ocular demonstration; for having removed a very small portion of the right sterno-cleido-mastoid muscle (weighing 22 grains), three minute cysticercus-vesicles were discovered in the portion detached. Even if the other muscles (to say nothing of the heart, lungs, and liver) are affected to the same extent only, we shall eventually find not less than 30,000 larval entozoa in this one animal—enough to give 30,000 persons the *tænia mediocanellata*, should they be severally disposed to swallow a cysticercus.

By a *post hoc propter hoc* kind of reasoning, we might say that the little operation has done good, for the calf in certainly much better since the removal of three of its "guests." Each larva is about the size of a pin's head.

Now that I am on the subject of entozoa, perhaps you will allow me to correct an erroneous and widely-spread impression which seems to have taken firm hold on the public mind. It is

supposed that I am averse to "sewage-distribution" on entozoological grounds. This is an error. The object of my "pamphlet" is to show that, *without due precautions* (based upon an intelligent appreciation of the facts which recent helmintholog-ical discoveries have unfolded), very serious evils may result.

The majority close their senses against all evidence, and vote science a nuisance, whilst the more enlightened minority demand proof from the past, and point to Edinburgh experiences. To the latter class I would say that the case of the Craigentinny-meadows affords negative evidence, simply because the cows fed upon their grass-produce are employed to give milk, and are not commonly eaten as food. There are other reasons, upon which I cannot now enlarge; and as to the *Bilharzia*, that must also, for the present, stand apart.

I am not aware that I have advanced any statements that are inconsistent either with truth or honesty of purpose, and it has yet to be shown that the conclusions which I have drawn are at variance with the principles of sound deductive reasoning. It may serve an agriculturist's turn to characterize my views as those of an "alarmist," but after the able article which has appeared in your pages, I can well afford to "rest and be thankful." I am Sir, your obedient servant,

T. SPENCER COBBOLD, M.D., F.R.S.

Middlesex Hospital, Feb. 14th, 1865.

Book Notices.

HAND-BOOK OF SKIN DISEASES, FOR STUDENTS AND PRACTITIONERS. By THOMAS HILLIER, M.D., London, Member of the Royal College of Physicians; Physician to the Skin Department of University College Hospital; Physician to the Hospital for Sick Children. With Illustrations. Philadelphia: BLANCHARD & LEA. 1865.

This is a moderate sized octavo volume, of 353 pages; neatly printed, and bound in cloth. It is a concise, plain, practical treatise on the various diseases of the skin; just such a work, indeed, as was much needed, both by medical students and practitioners. After the introductory chapter, the author briefly reviews the classifications of Galen, Mercurialis, Frak, Wilson, Hebra, and others, gives a chapter to the anatomy and

physiology of the skin; another to the definition of terms; and one each to etiology and diagnosis. He then treats the various diseases in detail, under the following heads:—Exanthemata; papular diseases; squamous diseases; vesicular diseases; pustular diseases; hemorrhagic diseases; maculæ and pigmentary diseases; diseases due to changes in the sebaceous follicles; hypertrophies and degenerations; gangrenous inflammations of the skin; parasitic diseases; diseases of the nails and hairs; acute eruptive diseases; syphilides, and appendix.

For sale by W. B. KEEN & Co., 148 Lake St., Chicago.

A VEST-POCKET MEDICAL LEXICON: Being a Dictionary of the Words, Terms, and Symbols of Medical Science. Collated from the best Authorities, with the addition of New Words, not before introduced into a Lexicon. With an Appendix. By D. B. ST. JOHN ROSA, M.D., Aural Surgeon to the New York Eye and Ear Infirmary. New York: WM. WOOD & Co., 61 Walker Street. 1865.

This is truly a pocket lexicon, being only about two inches square and three-quarters of an inch thick, embracing 363 pages. It is just what its title indicates; and will be found exceedingly convenient, especially by students of medicine.

For sale by W. B. KEEN & Co., Lake St., Chicago.

TWENTY-SECOND ANNUAL REPORT OF THE MANAGERS OF THE NEW YORK STATE LUNATIC ASYLUM, for the year 1864.

This is a pamphlet of 32 pages, embracing the usual statements of facts in relation to finances, number of admissions, discharges, cures, deaths, &c., from one of the oldest and largest Lunatic Asylums in our country.

A RADICAL OPERATION FOR PROCIDENTIA, read before the New York Obstetrical Society, Dec. 20th, 1864. By THOS. ADDIS EMMET, M.D., Surgeon to the State Woman's Hospital, New York.

This is a neatly printed pamphlet of 17 pages, illustrated by two well-executed cuts. No abstract can be given which would convey an adequate idea of the operation proposed and practiced by Dr. Emmet. We would republish the whole pamphlet in our columns, if the cuts could go with it. But without them it would be so incomplete that we must refer our readers to the pamphlet itself.

London Lancet.—The April number of this old representative of English periodical medical literature, is promptly on our table, and filled with the usual variety of interesting and important articles.

Editorial.

Illinois State Medical Society.—The full record of proceedings of the recent meeting of our State Medical Society will be found in this number of the Examiner. The meeting was well attended. Though the standing committees all failed to report, yet the reports of special committees and volunteer papers were sufficient to occupy, pleasantly and profitably, all the time at the command of the meeting. The discussions were more than usually free, cordial, and interesting. The Committee of Arrangements discharged their duties with fidelity and good judgment. The visit to the State Normal University was very gratifying in every respect. The reception, on the part of the Principal and Faculty, was cordial and elegant; the institution, in all its departments, apparently under excellent management; and the location beautiful. We were glad to greet again among the members several who had been absent for the last three or four years, discharging the arduous and responsible duties of medical officers in the army. We hope our country may never *need* their services in the same capacity again.

Annual Meeting of the American Medical Association.—In the April number of the Examiner, we stated that whatever differences of opinion had existed in the minds of the profession in Boston, in relation to the approaching meeting of the Association, had been reconciled; and that the members would be as cordially received in Boston, on the 6th of June, as they had been in any other city in our country. As confirmatory of what we then said, we copy the following editorial from the *Boston Medical Surgical Journal*, of May 11th, 1865. We fully

endorse the liberal sentiments it expresses, and hope they will be responded to by full delegations from every part of our great country:—

The American Medical Association.—The sixth of June, the day appointed for the meeting of the National Association, in Boston, is fast approaching, and all things now seem to combine to make the occasion one of unusual interest and complete success. The doubts which partly occupied the minds of some of us, as to the practicability of holding the meeting this year, while the storm of war still hung over the country, are dissipated in this new sunshine of peace, and our thoughts, no longer distracted by anxiety, can after four long years be again, and for the first time, wholly given to a consideration of our professional interests. Those who have so nobly represented us in the field, and who have not failed to sustain equally with our brave and victorious soldiers our national glory, are now returning, prepared to lay before us, at that time, the fresh results of their long labors, and it would be a lasting reproach to us did not the profession throughout the country make this the occasion of publicly expressing our appreciation of their services, and of giving them such a welcome back to our ranks as we know awaits the reception of the rest of our gallant army to its homes. To those, also, who were once so gladly met in these meetings, and who have as devotedly sacrificed themselves in the cause for which their people have so vainly fought, we extend, in the name of our national association, and our common interests in science, a cordial invitation.

The committees, to which have been entrusted the preparations for the reception and entertainment of our guests, have nearly matured their plans, and have met with the most ready coöperation from State and city authorities, and from all parties with whom they have communicated. The members of our profession will, without doubt, show the same willing spirit to assist the finance committee in its work when called upon, as we learn they will be during the coming week. From the entire unanimity in the profession, and the reputation which Boston possesses, as a centre of scientific and educational interests, there can be no doubt as to the nature of the reception or the attractive character of the entertainment which the city will give the Association. There is, indeed, but a single suggestion which we can offer to the committee, and this has, perhaps, been already anticipated; it is that invitations should be sent to the whole medical staff of the army, through the proper

channels, to be present. It remains now for the various societies and institutions of the country, through their delegates, and for the chairmen of the scientific committees, to give to the coming meeting its true character, and we trust that all, far and near, will do their utmost to make it, as it promises to be, the most important one in the history of the Association.

Assassination of President Lincoln.---Of all the bloody and cruel tragedies of the last four years, none have startled the whole civilized world, and sent such a thrill of horror through every virtuous mind, as the deliberate murder of the late President of the United States. Surely the climax of wickedness has been reached. Let us hope the full cup of national affliction has been taken to its last drop. From this to the first day of June, the day set apart for national fasting and prayer, let every Christian in the land endeavor, by thorough self-examination to be prepared to make that day, not only one of fasting and prayer, but also the dawn of a full reunion of all Christian hearts, as well as of all the States of our great and, hitherto, highly favored country. As a matter of interest to all medical men, we append the following detailed account of the President's death and autopsy:---

The *Philadelphia Medical and Surgical Reporter*, of the 22d of April, contains a paper on the last hours of Abraham Lincoln, by C. S. Taft, Assistant-Surgeon, United States Army, which, as he says, "will doubtless prove of much interest to the profession, and may be relied on as correct in all particulars, the notes from which it was written having been submitted to comparison with others taken, and corrected, by the highest authority." Surgeon Taft was in the theatre when the President was shot; heard the pistol; "saw a wild-looking man jump from the box to the stage," and responded to the call for a surgeon. When he entered the box, the President was lying upon the floor, and "the respiration was inaudible and scarcely perceptible, and he was totally insensible." His "coat and vest had already been cut off, searching for the wound. The wound in the head was soon found, but, at that time, there was no oozing from it." When the President was removed to the house opposite, the wound was examined, "the finger being used as a probe, and the ball found to have passed beyond the reach of the finger, into the brain." The surgeon says:—

"I put a teaspoonful of diluted brandy between the lips, which was swallowed with much difficulty; a half teaspoonful administered ten minutes afterwards was retained in the throat, without any effort being made to swallow it. The respiration now became labored; pulse 44, feeble; eyes entirely closed, and left pupil much contracted, the right widely dilated; total insensibility to light in both."

The surgeon continues his report:—

"About 11:30 P.M., twitching of the facial muscles of the left side set in, and continued some fifteen or twenty minutes, and the mouth was drawn slightly to the same side. Sinapisms over the entire anterior surface of the body were ordered, together with artificial heat to the extremities.

"The wound began to ooze very soon after the patient was placed upon the bed, and continued to discharge blood and brain-tissue until 5:30 A.M., when it ceased entirely; the head, in the meantime, being supported in such a position as to facilitate the discharge. The only surgical aid that could be rendered, consisted in maintaining the head in such a position as to facilitate the discharge of the wound, and in keeping the orifice free from coagulum.

"Col. Crane, Surgeon, U.S.A., had charge of the head during a great part of the time, being relieved at intervals in this duty by myself. While the wound was discharging freely, the respiration was easy; but the moment the discharge was arrested from any cause, it became at once labored.

"It was also remarkable to observe the great difference in the character of the pulse, whenever the orifice of the wound was freed from coagulum, and discharged freely; thus relieving, in a measure, the compression. This fact will account for the fluctuations in the pulse, as given in the subjoined notes.

"At 2 A.M., an ordinary silver probe was introduced into the wound by the surgeon-general. It met an obstruction about three inches from the external orifice, which was decided to be the plug of bone driven in from the skull, and lodged in the track of the ball. The probe passed by this obstruction, but was too short to follow the track the whole length. A long Nélaton probe was then produced, and passed into the track of the wound for a distance of two inches beyond the plug of bone, when the ball was distinctly felt; passing beyond this, the fragments of the orbital plate of the left orbit were felt. The ball made no mark upon the porcelain tip, and was afterward found to be of exceedingly hard lead.

"Some difference of opinion existed as to the exact position

of the ball, but the autopsy confirmed the correctness of the diagnosis upon first exploration. No further attempt was made to explore the wound.

"After the cessation of the bleeding from the wound, the respiration was stertorous up to the last breath, which was drawn at twenty-one minutes and fifty-five seconds past 7; the heart did not cease to beat until twenty-two minutes and ten seconds past 7. My hand was upon the heart, and my eye upon the watch of the surgeon-general, who was standing by my side, with his finger on the carotid.

"The decubitus during the whole time was dorsal, and the position on the bed diagonal; the length of the bedstead not admitting of any other position.

"The respiration during the last thirty minutes was characterized by occasional intermissions, no respiration being made for nearly a minute; but, by a convulsive effort, air would gain admission to the lungs, when regular, though stertorous, respiration would go on for some seconds, to be followed by another period of perfect repose.

"At these times, the death-like stillness and suspense were thrilling. The cabinet ministers and others surrounding the death-bed, watching, with suspended breath, the last feeble inspiration, and, as the unbroken quiet would seem to prove that life had fled, turn their eyes to their watches; then, as the struggling life within would force another fluttering respiration, heave deep sighs of relief, and fix their eyes once more upon the face of their dying chief.

"The wonderful vitality exhibited by the late President, was one of the most interesting and remarkable circumstances connected with the case. It was the opinion of the surgeons in charge that most patients would have died in two hours from the reception of such an injury, yet Mr. Lincoln lived from 10:30 P.M. until 7:22 A.M.

"The following observations of the pulse and respiration were noted down by Dr. A. F. A. King, at the bedside, and are correct. The pulse was counted by Acting-Assistant-Surgeon Ford:—

10:55—48.
11:06—45.
11:18—42, and weaker.
11:24—42, respirations 27 per minute, breathing quiet.
11:26— irregular, intermits occasionally.
11:30—45, respiration more frequently and vigorous.
11:32—45, stronger, respiration much more strong and stertorous.

11:37—48, respiration again silent and more feeble.
11:40—45.
11:43—45, respiration stertorous.
11:47—45, respiration 24, stertorous.
11:56—48, weaker.
12:10—48, irregularly intermittent.
12:18—48, same character.
12:27—54.
12:28—60.
12:29—66, intermittent.
12:38—66.
12:45—69, intermittent.
12:49—84, respiration 28.
12:56—66.
1:00—100.
1:15—92.
1:30—95.
2:10—60, respiration 34.
2:19—58.
2:32—54.
2:37—48.
2:54—48, much weaker, more thready; respiration feeble.
4:18—60, respiration 27, strong and stertorous.
5:40—64, thready, respiration 27.
6:10—60, hardly perceptible (Barnes), respiration 26, stertorous.
6:25—thready, not counted; respiration 22; inspirations jerking.
6:40—inspirations short and feeble; expirations prolonged and groaning; a deep, softly, sonorous, cooing sound at the end of each expiration, audible to bystanders.
6:45—respiration uneasy, choking and grunting; lower jaw relaxed; mouth open; a minute without a breath; face getting dark.
6:50—breathes again a little more at intervals; another long pause.
7:00—still breathing at long pauses.
7:20—died.

"About 1 P.M., spasmodic contractions of the muscles came on, causing proation of the fore-arms, the pectoral muscles seemed to be fixed, the breath was held during the spasm, and a sudden and forcible expiration immediately succeeded it.

"About the same time both pupils became widely dilated, and remained so until death.

"During the night, Drs. Hall, May, Liebermann, and nearly all the leading men of the profession in the city, tendered their services.

"AUTOPSY, FIVE HOURS AFTER DEATH.

"Present---Surgeon-General Barnes, Col. Crane, Dr. Stone, Assistant-Surgeon Woodward, U.S.A., Assistant-Surgeon Curtis, U.S.A., Assistant-Surgeon Notson, U.S.A., and Acting-Assistant-Surgeon Taft, U.S.A.

"The calvaria was removed, the brain exposed, and sliced down to the track of the ball, which was plainly indicated by a line of coagulated blood, extending from the external wound in the occipital bone, obliquely across from the left to the right through the brain to the anterior lobe of the cerebrum, immediately behind the right orbit. The surface of the right hemisphere was covered with coagulated blood. After removing the brain from the cranium, the ball dropped from its lodgment in the anterior lobe. A small piece of the ball, evidently cut off in its passage through the occipital bone, was previously taken out of the track of the ball, about four inches from the external wound. The hole made through the occipital bone was as cleanly cut as if done with a punch.

"The point of entrance was one inch to the left of the longitudinal sinus, and opening into the lateral sinus. The ball was flattened convex on both sides, and evidently molded by hand, in a Derringer pistol mold, as indicated by the rigid surface left by the nippers in clipping off the neck.

"The orbital plates of *both* orbits were the seats of comminuted fracture, the fragments being forced inward and the duramater covering them remaining uninjured. The double fracture was decided to have been caused by *contre coup*. The plug of bone driven in from the occipital bone was found in the track of the ball, about three inches from the external wound, proving the correctness of the opinion advanced by the surgeon-general and Dr. Stone, as to its nature, at the exploration of the wound before death.

"The ball and fragments, together with the fragments of the orbital plates, and plug from the occipital bone, were placed in the possession of Dr. Stone, the family physician, who marked and delivered them, pursuant to instructions, to the Secretary of State, who sealed them up with his private seal. The Nélaton probe used was also marked by me, and sealed up in like manner."

American Medical Association.—The American Medical Association will hold its Sixteenth Annual Meeting in the City of Boston, on Tuesday, June 6th, 1865.

The following Committees are expected to report:—

On Insanity—Dr. H. R. Storer, Mass., Chairman.

On Exsection and its connection with Conservative Surgery—Dr. Lewis A. Sayres, N. Y., Chairman.

On Drainage and Sewerage of Large Cities, and their Influence on Public Health—Dr. W. J. C. Duhamel, D. C., Chairman.

On Alcohol and its Relations to Man—Dr. G. E. Morgan, Maryland, Chairman.

On Quarantine—Dr. Wilson Jewell, Penn., Chairman.

On Medical Ethics—Dr. John A. Murphy, Ohio, Chairman.

On the Microscope—Dr. James M. Corse, Penn., Chairman.

On the Relations which Electricity sustains to the Causes of Disease—Dr. Squire Littell, Penn., Chairman.

On the Morbid and Therapeutic Effects of Mental and Moral Influences—Dr. A. B. Palmer, Mich., Chairman.

On the Causes of the Extinction of the Aboriginal Races of America—Dr. Geo. V. Suckley, Md., Chairman.

On the Causes and Treatment of Ununited Fractures—Dr. Frank H. Hamilton, N. Y., Chairman.

On Diphtheria—Dr. Lucius Clark, Ill., Chairman.

On the Uses and Abuses of Pessaries—Dr. James P. White, N. Y., Chairman.

On International Medical Ethics—Dr. J. Baxter Upham, Mass., Chairman.

On Climatology and Epidemic Diseases—Dr. C. W. Parsons, R. I., Chairman.

On Autopsies in Relation to Medical Jurisprudence—Dr. T. C. Finnell, N. Y., Chairman.

On so-called Spotted Fever—Dr. James J. Levick, Penn., Chairman.

On the Introduction of Disease by Commerce, and the Means of its Prevention—Dr. A. Nelson Bell, N. Y., Chairman.

On Patent Rights and Medical Men—Dr. David Prince, Ill., Chairman.

On Revision of Plan of Organization—Dr. N. S. Davis, Ill., Chairman.

On Specialists—Dr. J. Homberger, N. Y., Chairman.

On Compulsory Vaccination—Dr. A. N. Bell, N. Y., Chairman.

On Rank of Medical Corps in the Army—Dr. C. S. Tripler, U.S.A., Chairman.

On Rank of Medical Corps in the Navy—Dr. T. L. Smith, N. Y., Chairman.

WM. B. ATKINSON, *Permanent Secretary.*

CITY MORTALITY.—STATISTICS FOR APRIL.

The mortality report for the month of April, has been prepared by Mr. M. P. Riordan, Assistant-Health-Officer, and will be found below. Notwithstanding the great influx of strangers into the city at this season of the year, the decrease in the number of deaths, when the past month is compared with the same month last year, is 48. The total number of deaths in April, 1864, was 298; while in April, 1865, it was only 250. Small-pox seems, also, to be on the decrease in the city. The number of deaths from this fell disease in April, 1864, was 35; in March, 1865, 16; while in April, 1865, only 4 died from small-pox. These are all reported from the West Division.

DISEASES.

Asthma,	1	Congestive Fever,	1
Apoplexy,	2	Puerpural Fever,	2
Burned,	1	Spotted Fever,	2
Congestion of Brain,	2	Disease of the Heart,	3
Congestion of Lungs,	1	Inflammation of Brain,	5
Congestive Chills,	1	Inflammation of Bowels	12
Cholera Infantum,	1	Inflammation of Lungs,	22
Colds,	4	Inflammation of Kidneys,	1
Consumption,	36	Jaundice,	2
Croup,	11	Killed,	3
Cramps,	19	Liver Complaint,	1
Convulsions,	13	Measles,	10
Childbirth,	3	Marasmus,	3
Cancer of Stomach,	3	Old Age,	7
Drowned,	2	Paralysis,	3
Diabetes,	1	Puerpural Hemorrhage,	1
Diphtheria,	4	Pneumonia,	1
Dropsy,	2	Quinsy,	1
Diarrhœa,	2	Cerebro-Spinal Meningitis,	3
Erysipelas,	2	Suicide,	2
Found dead,	2	Small-Pox,	4
Bilious Fever,	3	Stillborn,	10
Lung Fever.	2	Teething,	4
Nervous Fever,	2	Unknown,	7
Scarlet Fever,	8	Whooping-Cough,	3
Typhoid Fever,	8		
Water on Brain,	1	Total,	250
Typhus Fever,	2		

AGES OF THE DECEASED.—Under 5 years, 102; over 5 and under 10 years, 21; over 10 and under 20, 5; over 20 and under 30, 35; over 30 and under 40,

22; over 40 and under 50, 8; over 50 and under 60, 16; over 60 and under 70, 14; over 70 andunder 80, 7; over 80 and under 90, 2; stillborn, 10; unknown, 8. Total, 250.

NATIVITIES.

Chicago,	125	Scotland,	2	Italy,	1
Canada,	4	Sweden,	3	Illinois,	2
Colored,	5	France,	1	Other States,	42
Belgium,	1	Germany,	23	Unknown,	6
England,	5	Holland,	1	Wales,	1
Ireland,	25	Norway,	3		
Total,					250

COMPARATIVE STATEMENT.

The following table shows the comparative number of deaths in the several divisions of the city for the month of April, 1864, and April, 1865:—

April, 1864.		April, 1865.	
South Division,	117	South Division,	100
West Division,	108	West Division,	93
North Division,	70	North Division,	57
Unknown,	3		
Total,	298	Total,	250

FRENCH MEDICAL STUDENTS.—The number of students at the Paris School of Medicine for the present session, without including upwards of 100 foreigners, amounts to about 2000; being less by 142 than the number registered in 1863, when the new students entered in the books of the Faculty amounted to 357, whereas in the past year they were only 327; a small difference, it is true, but which shows, as in this country, a gradual and steady decrease in the numbers of the medical profession. The rejections average one in six.

DR. LIVINGSTONE, the indefatigable medical explorer, is said to have devoted himself to a renewed series of African expeditions, and is planning a journey from the East Coast to the district lying between his most northern point on Lake Nyassa, and Burton and Speke's southernmost on Lake Tanganyka.

AN OUNCE OF QUININE AT A DOSE.—Dr. Taussig, in a letter to a friend in London, relates a singular fact which occurred in Rome, where he resides, in December last. It is as follows:—

Dr. Hayler, a military medical man, visited in barracks a soldier, suffering from relapse of ague, and administered to him a small dose of sulphate of quinine. At the same time, he directed a man to fetch one ounce of the same remedy from the hospital, in order that he might have it in readiness for any emergency. The man received the bottle; but, supposing that it was ordered for the patient just mentioned, he took it to him.

In the presence of their comrades, they put the whole into a cup, adding sufficient water to make a paste of it; and the patient, although he found the medicine uncommonly bitter, did not leave off until he had swallowed it all.

Dr. Hayler, on learning that this enormous dose had been taken, at once visited the patient. The most careful investigation left no doubt of the fact; but, with all that, *incredibile dictu*, except a complete deafness and a kind of stupor, no other bad effect ensued, and no antidote was administered. He was directed to the hospital, where he remained for a week under observation, and left the establishment in the best state of health. The ague disappeared, probably never to return. I saw the man myself; he is a Swiss, named Albitz, aged 30, of small stature, and of a strong constitution.

It was not to be supposed that there was any important adulteration of the remedy in question, as all such preparations are subjected to a chemical investigation before they are admitted in the hospital dispensary.—*Medical Times.*

ARTIFICIAL LEGS FOR SOLDIERS.

U. S. GOV. ARTIFICIAL LEG DEPOTS:

CHICAGO, ILL. ST. LOUIS, MO.
CINCINNATI, O. ROCHESTER, N.Y.
And 658 BROADWAY, NEW YO R,

WHERE the Government furnishes the U.S. Army and Navy Leg to Soldiers Gratis, or its value applied on the Anatomical Ball and Socket-Jointed Leg, which has lateral motion at the ankle, like the natural one.

DOUGLAS BLY, M.D., *U.S. Commissioner.*

☞ For Instructions address Dr. BLY, at the nearest Depot. ☜
Citizens are furnished at the same Depots, on private account.

DR. MOTT ON ARTIFICIAL LEGS.

NEW YORK, FEBRUARY 10, 1860.

When the Palmer leg was invented, I recommended it to all who needed anything of the kind, because it was an improvement on the old Anglesia leg. And now I have the pleasure of informing them that Dr. Bly has invented a leg which is a great improvement on the Palmer leg. The advantages it possesses over the Palmer leg are:—

FIRST. The ankle-joint admits of motion not only antero-posteriorly, but laterally, which allows the wearer to walk on any grade, or on rough and uneven surface, without inconvenience.

SECOND. The ankle-joint is constructed without iron, steel, or metal of any kind; in fact, little or no metal is used in the limb, which renders it very light.

THIRD. The joints, instead of being bushed with buckskin, which requires a renewal at the hands of the maker, when worn, are adjustable, and under the control of the wearer.

FOURTH. The springs are made of India-rubber, and imitate more closely the action of the muscles.

FIFTH. The action of the springs can be increased or diminished at the option of the wearer, whereby each can adjust the motions of the leg to suit his own peculiar gait.

VALENTINE MOTT, M.D.
Emeritus Prof. of Surgery and Surgical Anatomy in the University of New York.